

Name
in
Full

George H. Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagerstown ^{County} Wash. **MARYLAND**
 Date of death 190 ^{Month} 9 ^{Day} 5 ^{Age} 19 ^{Years} ^{Months} 5 ^{Days} ^{Sex} male ^{Color or Race} white ^{Birth-place} Md.
 Occupation _____ Where Residing if not at place of death _____

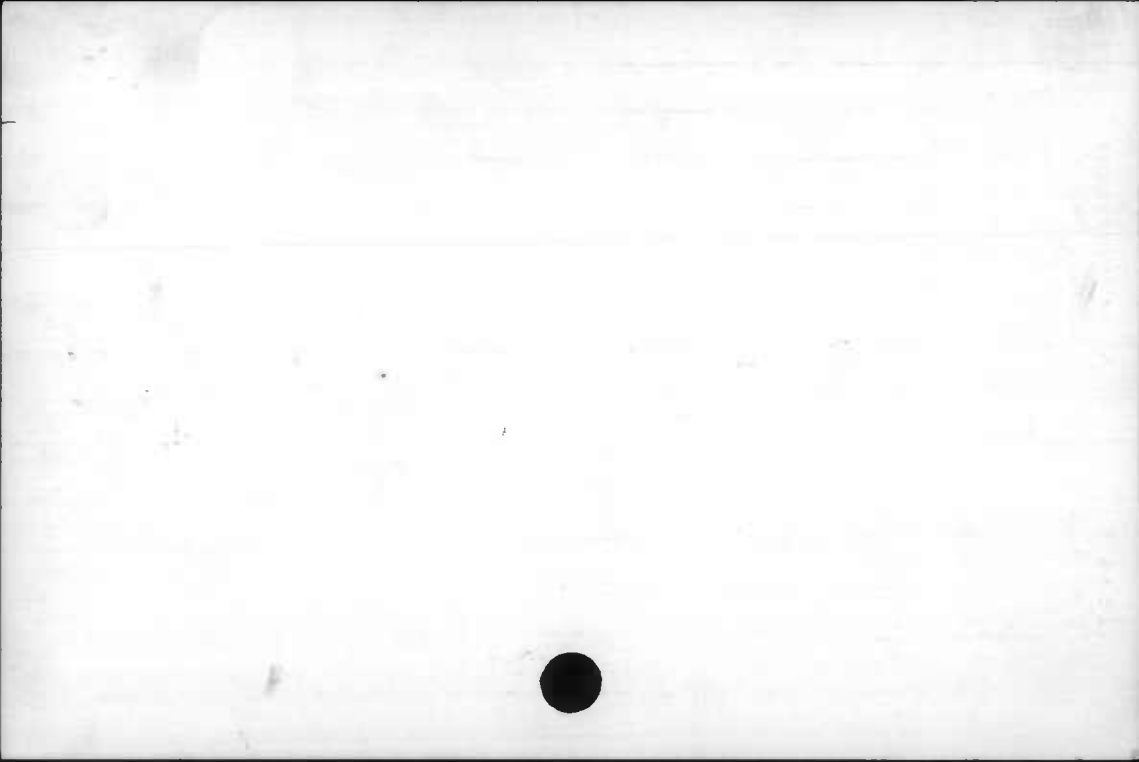
Married, Single or Widowed ^{single} Name of Wife or Husband _____
 Father's Name Frank Anderson Father's Birthplace Georgia
 Mother's Maiden Name Julia Warner Mother's Birthplace Md.
 Name of person giving Information G. H. Warner How related to deceased Grandfather

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Acute Gastro-enteritis How long 3 days.
 Immediate Syncope. How long 10 hrs.
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician J. R. Laughlin
 Address Hagerstown
 Accident or Suicide _____



Name
in
Full

Norbert H. Austen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

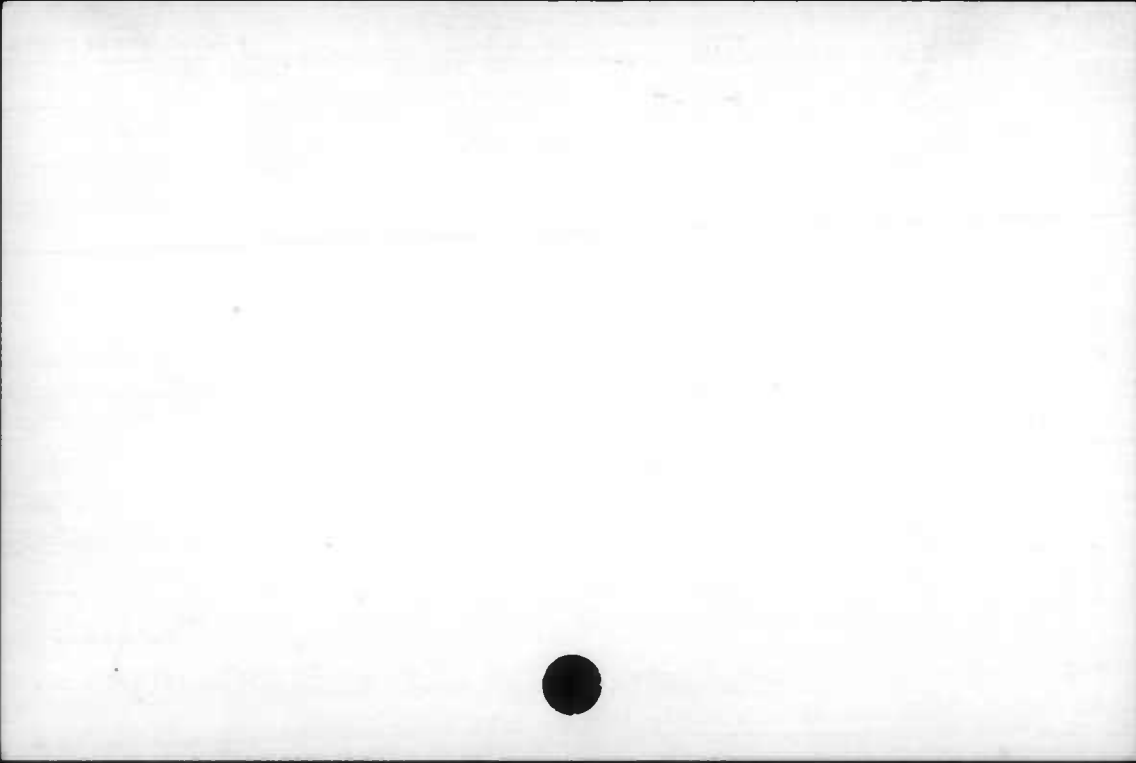
Died at <i>Dry Run</i> ^{Town}		<i>Wash</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month	<i>May</i>	Day	<i>10</i>
Age		<i>64</i>	Years	Month	<i>1</i>
Sex		<i>Male</i>	Color or Race	<i>White</i>	Birthplace
Occupation		<i>Laborer</i>		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband <i>Frances Forsythe</i>			
Father's Name		<i>Thomas Austen</i>		Father's Birthplace <i>Virginia</i>	
Mother's Maiden Name		<i>Miss Lovenes</i>		Mother's Birthplace <i>"</i>	
Name of person giving Information		<i>Mrs Austen</i>		How related to deceased <i>Wife</i>	

CAUSES OF DEATH

46

PHYSICIAN
OR CORONER

Primary	<i>Abdominal tumor</i>	How long	<i>One year</i>
Immediate	<i>Exhaustion</i>	How long	<i>One month</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>Abraham Shark</i>	
Address		<i>Clearspring</i>	
Accident or Suicide		<i>Washington County</i>	



Name
in
Full

Susann Nora Barkdoll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Ringgold ^{Town} Washington ^{County} MARYLAND

Date of death 190 9 ^{Month} May ^{Day} 14 Age 30 ^{Years} 9 ^{Months} 4 ^{Days}

Sex Female Color or Race White Birth-place Md.

Occupation Housewife Where Residing if not at place of death _____

Married, Single or Widowed Married Name of Wife or Husband Charles L. Barkdol

Father's Name Jacob Hoover Father's Birthplace Md.

Mother's Maiden Name Mary Barkdol Mother's Birthplace Md.

Name of person giving Information Mary Hoover How related to deceased Mother

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

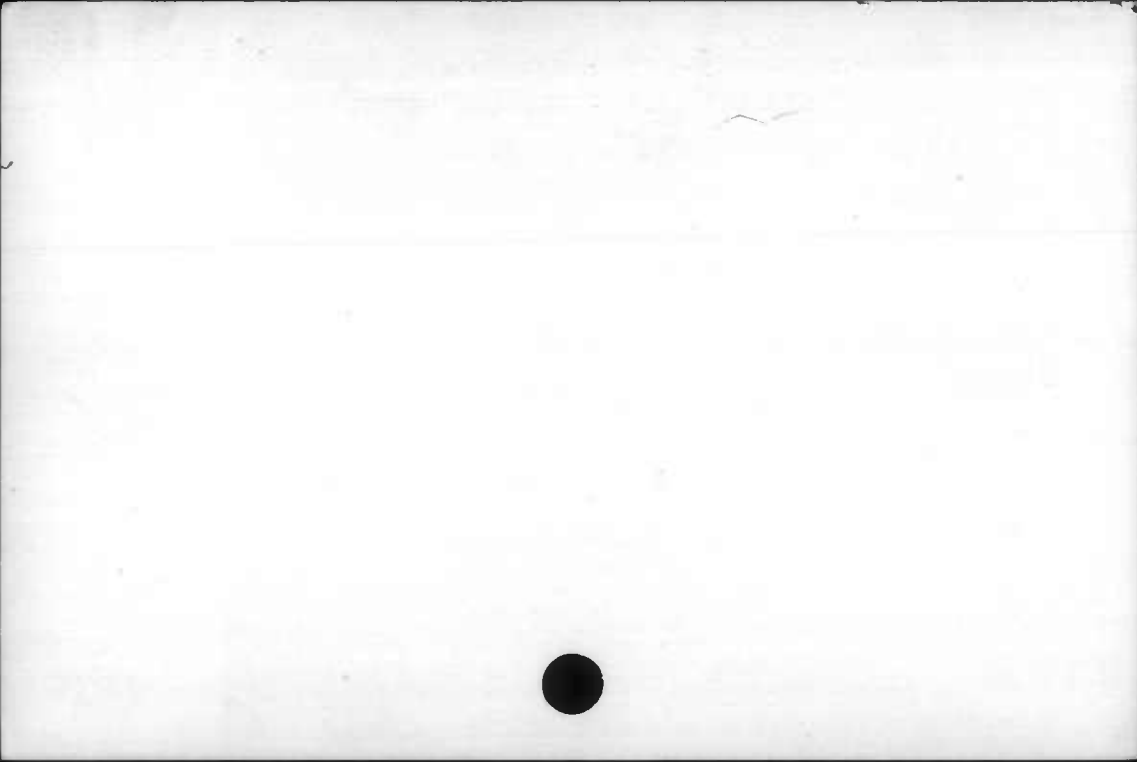
Primary Bright's disease How long Three weeks

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. H. Wishard
Address Leitersburg Md.

Accident or Suicide



Name
in
Full

Martin Luther Bloom

CERTIFICATE OF DEATH

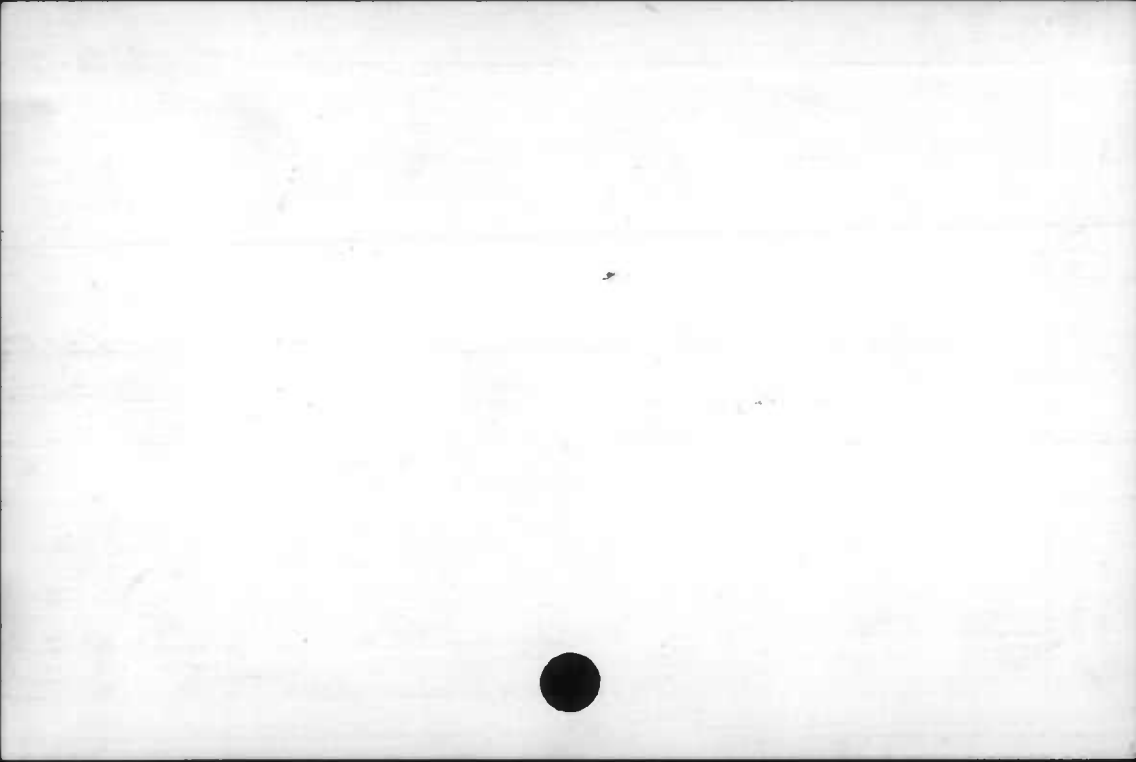
TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown Wash County
MAYLAND
Date of death 190 9 Month 5 Day 20 Age 4 Months 9 Days 11
Sex male Color or Race white Birth-place Ind.
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed single Name of Wife or Husband _____
Father's Name Albert M. Bloom Father's Birthplace Ind.
Mother's Maiden Name Annie Heckman Mother's Birthplace "
Name of person giving Information A. M. Bloom How related to deceased father
CAUSES OF DEATH (6)

PHYSICIAN
OR CORONER

Primary Measles How long Eleven days
Immediate Edema of lungs, exhaustion, twelve hours How long _____
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician A. W. Hagan
Address Hagerstown, Md
Accident or Suicide No



Name
in
Full

H.S. Brown Jr.

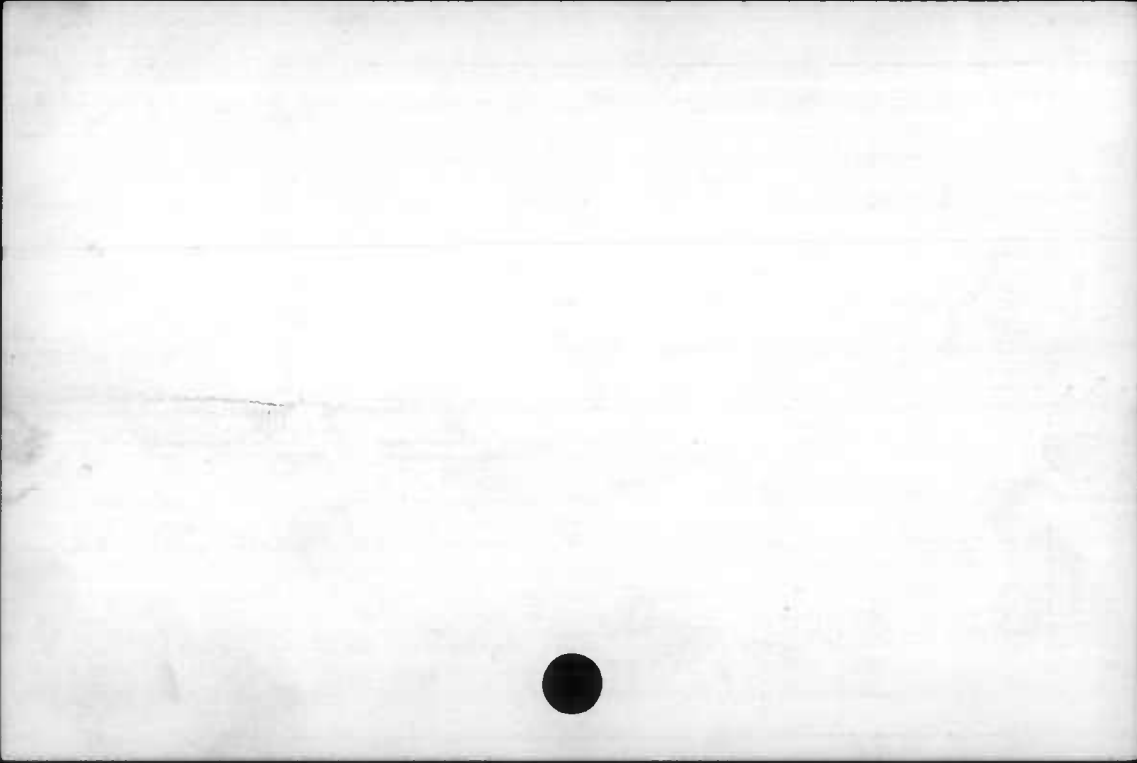
CERTIFICATE OF DEATH

Died at <i>Hagerstown</i> -		County <i>Washington</i>		MARYLAND	
Date of death	1900	Month	5	Day	27
Age	<i>7</i>		Years	Months	1
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Infant</i>		Where Residing if not at place of death	<i>Hagerstown mds</i>	
Married, Single or Widowed	<i>Infant</i>		Name of Wife or Husband	<i>Infant</i>	
Father's Name	<i>Hughy Brown</i>			Father's Birthplace	<i>Pa.</i>
Mother's Maiden Name	<i>Armin M. Cunningham</i>			Mother's Birthplace	<i>Pa.</i>
Name of person giving Information	<i>H.S. Brown</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

150

Primary	<i>Insufficient - Cardiac Development</i>		How long	<i>1 day.</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
<i>yes</i>		<i>J.H. Hunsley</i>	<i>Hagerstown mds.</i>	
Accident or Suicide				



Name
in
Full

CERTIFICATE OF DEATH

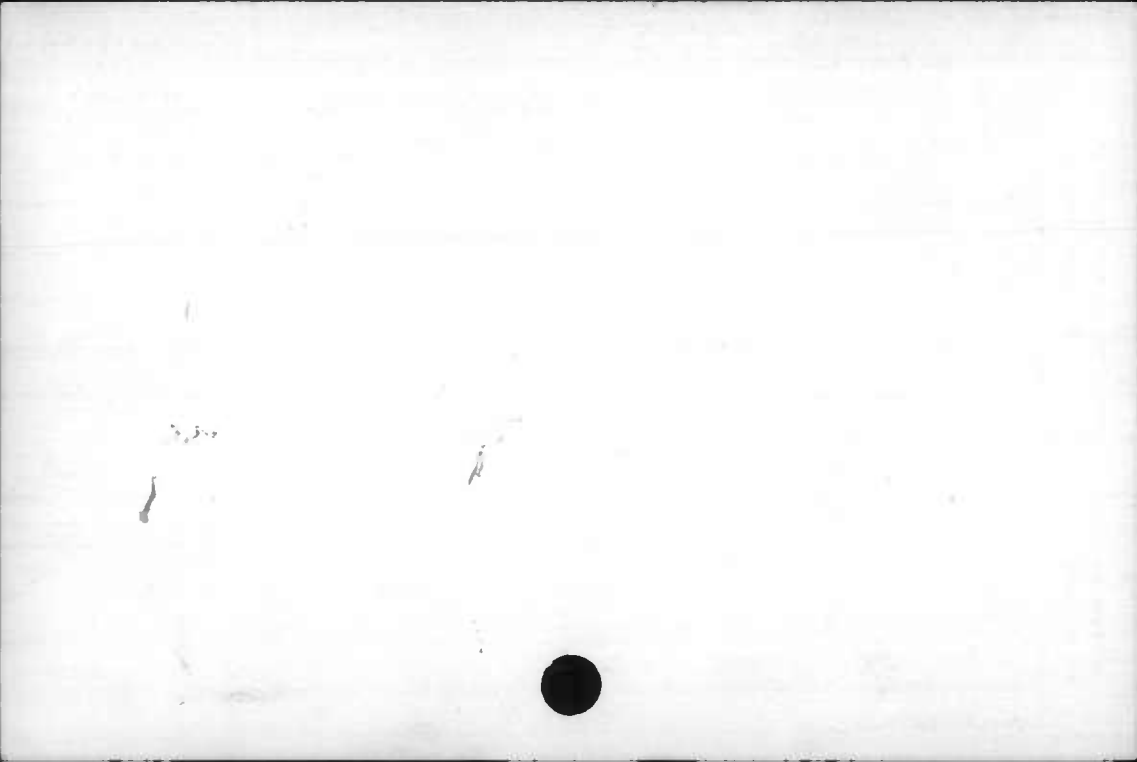
TO BE ANSWERED BY
NEAREST FRIEND

Not Named		Bachtel			
near Town		County			
Died at		Washington Co		MARYLAND	
Date of death		Month	Day	Years	Months
1909 May		H		Age Still born	
Sex		Color or Race		Birth-place	
Male		White		near Smithburg	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Edward Bachtel		Father's Birthplace	
				Beaver creek	
Mother's Maiden Name		Jimmie Harver		Mother's Birthplace	
				Rayville	
Name of person giving Information		Geo. Hoover undertaker		How related to deceased	
				none	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Not known - died in uterus probably 2 weeks before birth badly decayed	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. L. Mussie md	
		Address	
		Smithburg md	
Accident or Suicide			



Name in Full		Alberta Clark				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at	Baklus Mills		Washington		MARYLAND			
	Date of death	1909	Month 5	Day 13	Age 18	Years	Months	Days	
	Sex	Female		Color or Race	Black		Birth-place	Baklus Mills	
	Occupation	None			Where Residing if not at place of death				
	Married, Single or Widowed	Single			Name of Wife or Husband				
	Father's Name	Richard Plummer				Father's Birthplace	Washington Co		
	Mother's Maiden Name	Margaret Wright				Mother's Birthplace	Wash Co		
Name of person giving information	James Taylor				How related to deceased	None			
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary	Septic Environment				How long	17 years		
	Immediate	Pulmonary Tuberculosis				How long	3 years		
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	H. M. Hilsen		
						Address	Hudgville Road		
Accident or Suicide									

L. E. Luman Ton

Name
in
Full

Nannie Amelia Clifton

CERTIFICATE OF DEATH

Died at Boonsboro ^{Town}Washington ^{County}State
MARYLANDDate
of death 1909Month 3-Day 21Age 43 ^{Years}Months 9Days 25-Sex FemaleColor or
Race WhiteBirth-
place SharpsburgOccupation HousewifeWhere Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband Frank H CliftonFather's
Name Samuel GrayFather's
Birthplace SharpsburgMother's
Maiden Name Annie GoudensMother's
Birthplace SharpsburgName of person giving
Information Frank CliftonHow related
to deceased Husband

CAUSES OF DEATH

27

Primary Tuberculosis PulmonaryHow long 2 yearsImmediate Meningeal Tuberculosis & ParalysisHow long 2 weeksAre the name, age, sex, color, date
and place correctly given above?yesSignature of
Physician W. M. BishopAddress Keedyville Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

L E Sumner & Son

Name
in
Full

Meda Kathleen

Corbey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Williamsport</u> ^{Town}		<u>Washington</u> ^{County}		• MARYLAND	
Date of death	1909	Month	May	Day	28
Age	2	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Williamsport Md
Occupation			Where Residing If not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Walter Corbey			Father's Birthplace	Wmport Md
Mother's Maiden Name	Lydia Lincolly Martin			Mother's Birthplace	
Name of person giving Information	Walter Corbey			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>20 days</u>
Immediate	<u>Pneumonia</u>	How long	<u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Ernest A. Fisher
		Address	Williamsport
Accident or Suicide			

J F. Kupe

Undertaker May 29. 09

Riverside Cemetery




Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

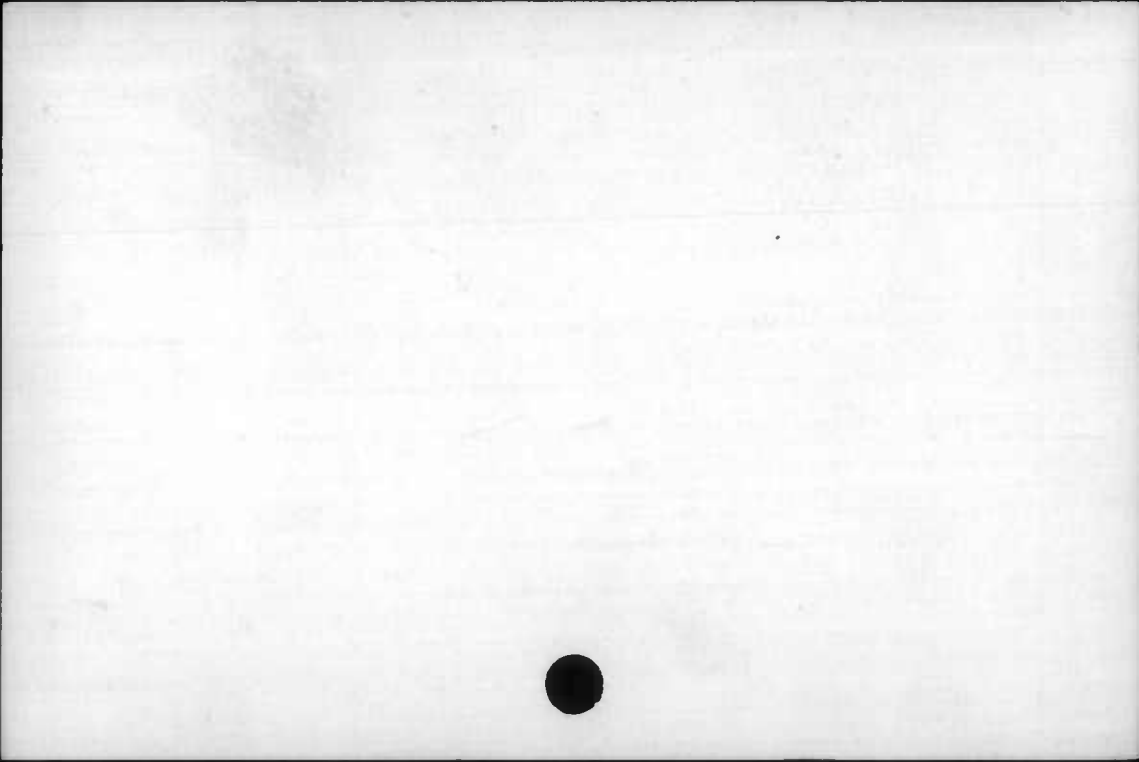
Died at <i>Pearl M. Davis</i>		Town <i>Georgetown</i>		County <i>Washington</i>		MARYLAND	
Date of death	1909	Month	5	Day	5	Age	36
Sex	Female	Color or Race	White	Birth-place	Maryland	Months	7
Occupation	Housewife		Where Residing if not at place of death		—		
Married, Single or Widowed	Married	Name of Wife or Husband	Melvin Davis				
Father's Name	John Delander		Father's Birthplace		Maryland		
Mother's Maiden Name	Rebecca Renner		Mother's Birthplace		Maryland		
Name of person giving information	Melvin Davis		How related to deceased		Husband		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis Pulmonalis</i>		How long	<i>Several years</i>
Immediate	<i>Exhaustion</i>		How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		<i>A. Harold Gardner</i>		
Address		<i>Georgetown Md</i>		
Accident or Suicide?				



Name
in Full

William J. Davis

CERTIFICATE OF DEATH

Died at

Hagerstown

County

Wash.

MARYLAND

Date

of death 1909

Month

5

Day

21

Age

Years

56

Months

1

Days

22

Sex

male

Color or Race

white

Birth-place

md.

Occupation

Laborer

Where Residing if not at place of death

Married, Single or Widowed

married

Name of Wife

Husband

Alice J. Davis

Father's Name

John G. Davis

Father's Birthplace

md.

Mother's Maiden Name

Mary A. Shirley

Mother's Birthplace

"

Name of person giving Information

Alice J. Davis

How related to deceased

wife

CAUSES OF DEATH

78

Primary

Myocarditis

How long

6 Weeks

Immediate

Pulmonary edema

How long

3 Days

Are the name, age, sex, color, date and place correctly given above?

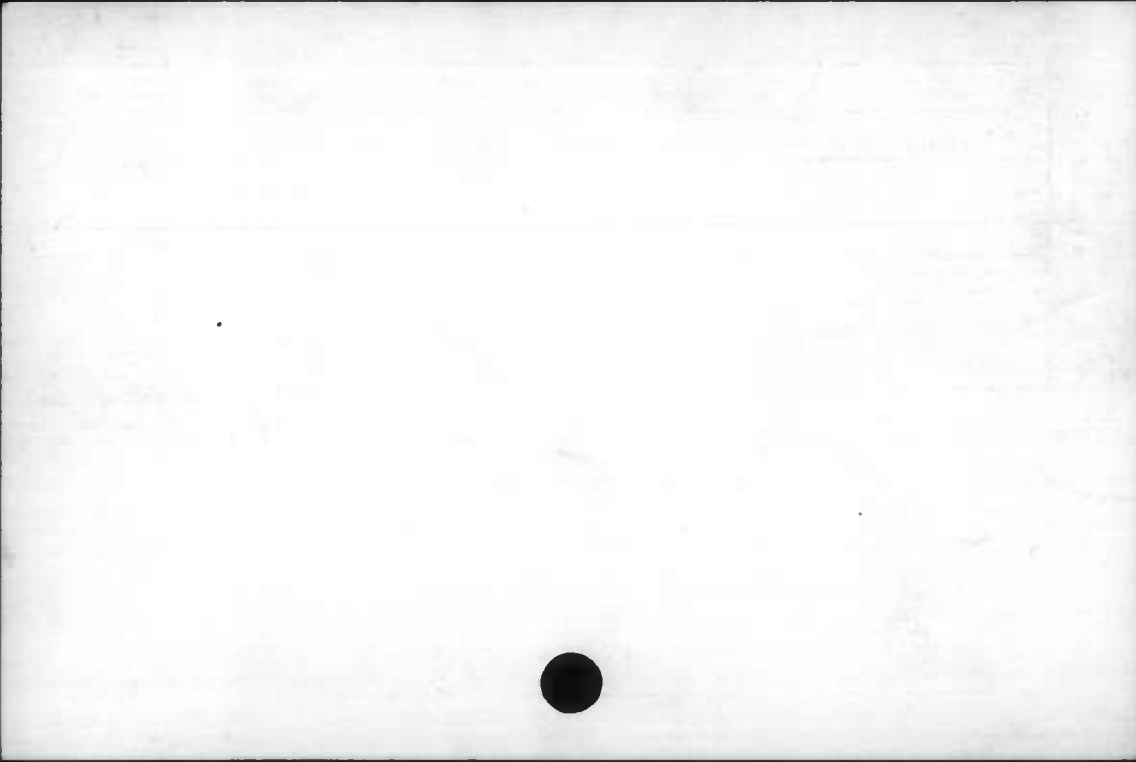
Yes.

Signature of Physician

Address

J. R. Langhlin
Hagerstown Md.

Accident or Suicide



Name
in Full

CERTIFICATE OF DEATH

Barbara E. Dayhoff

Town

County

MARYLAND

Died at Smithsburg

Washington

Date

of death

1909

Month

8-8

Day

28

Age

Years

67

Months

5-

Days

25-

Sex

Female

Color or Race

White

Birthplace

Baytown

Occupation

House Wife

Where Residing if not at place of death

Smithsburg

Married, Single or Widowed

Widowed

Name of Wife or Husband

None

Father's Name

George Bachtel

Father's Birthplace

Baytown

Mother's Maiden Name

Barbra Stephy

Mother's Birthplace

Baytown

Name of person giving Information

Leah Dayhoff

How related to deceased

Son

CAUSES OF DEATH

42

Primary

Carcinoma of Ovaries

How long

6 Months

Immediate

"

How long

6 Months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

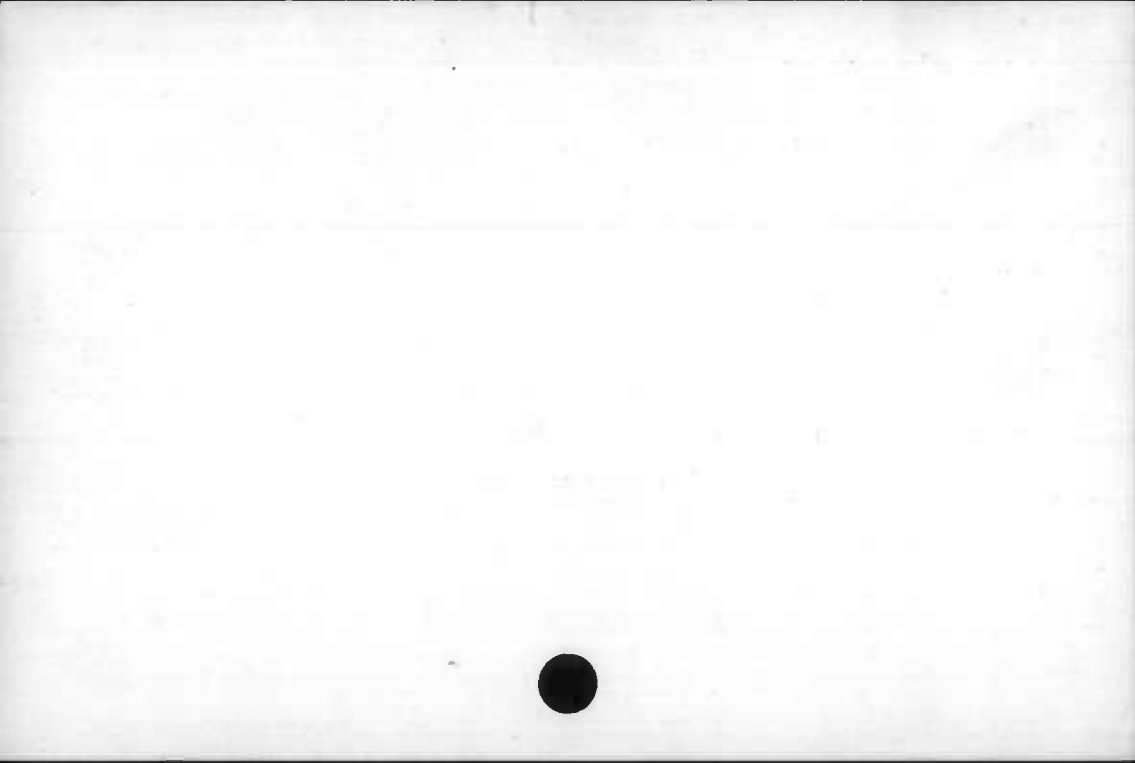
Dr. M. D. Kefauver
Smithsburg
Maryland

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Mrs. Eliza F. Duffy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Disd et		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
190		5	31	Age	80	1	16
Sex	Female	Color or Race	white	Birth-place	Ind.		
Occupation	N. W.	Where Residing if not at place of death					
Married, Single or Widowed	widow	Name of Wife or Husband	Wm S. Duffy	Father's Birthplace	Ind.		
Father's Name	Elie Stake	Mother's Maiden Name	Ella Monahan	Mother's Birthplace	Ireland		
Name of person giving Information	Chas Duffy	How related to deceased	son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Myocarditis	How long	79 years
Immediate	Exhaustion	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. W. Wentz	
Address		Hagerstown	
Accident or Suicide			

C. M. Suter Sons

Name
in
Full

Susan Dunning

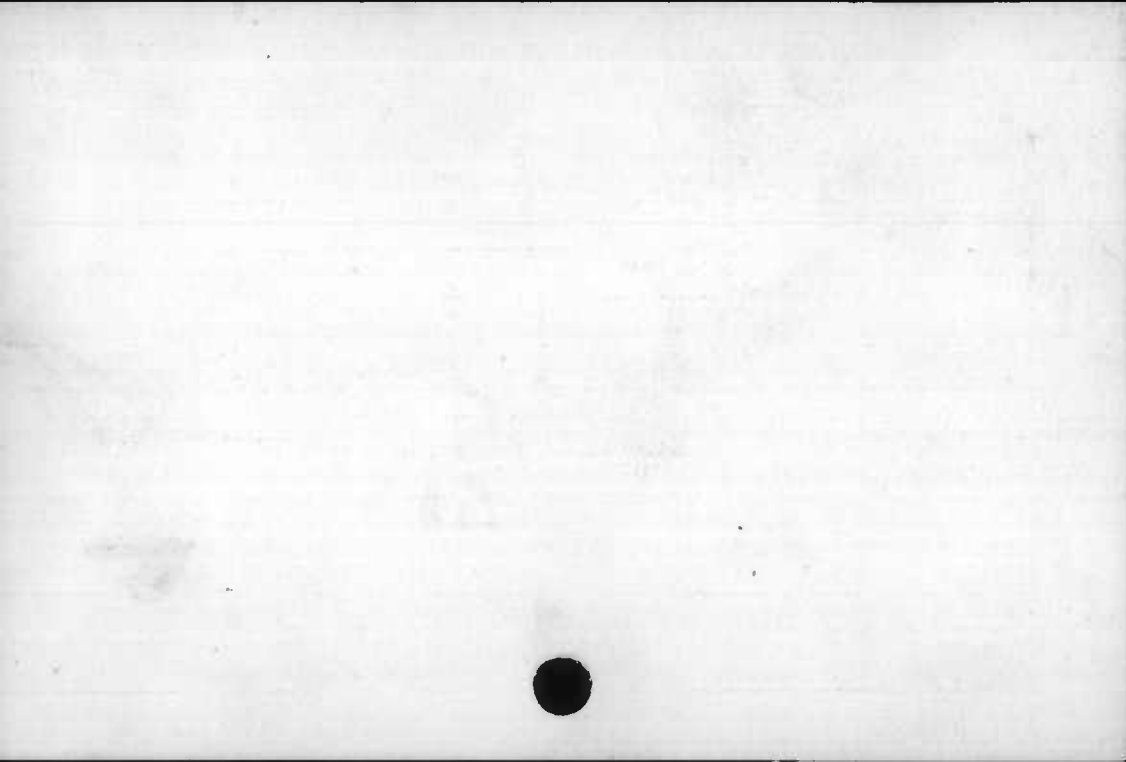
CERTIFICATE OF DEATH

Died at		Town Hancock		County Wash		MARYLAND	
Date of death	1909	Month	5-	Day	5-	Age	80
Sex		Feminine		Color or Race		White	
Occupation				Birth-place		Moorsville Md	
Where Residing if not at place of death							
Married, Single or Widowed		Widowed		Name of Wife or Husband		David Dunning	
Father's Name		Mum -		Father's Birthplace			
Mother's Maiden Name		Birgma		Mother's Birthplace			
Name of person giving information		Betty Dutton		How related to deceased		Daughter	

CAUSES OF DEATH

66

PHYSICIAN OR CORONER	Primary	Paralysis	How long	6 months
	Immediate	Sant Knew	How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. B. Duggan
		Address	Hancock	Md.
	Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

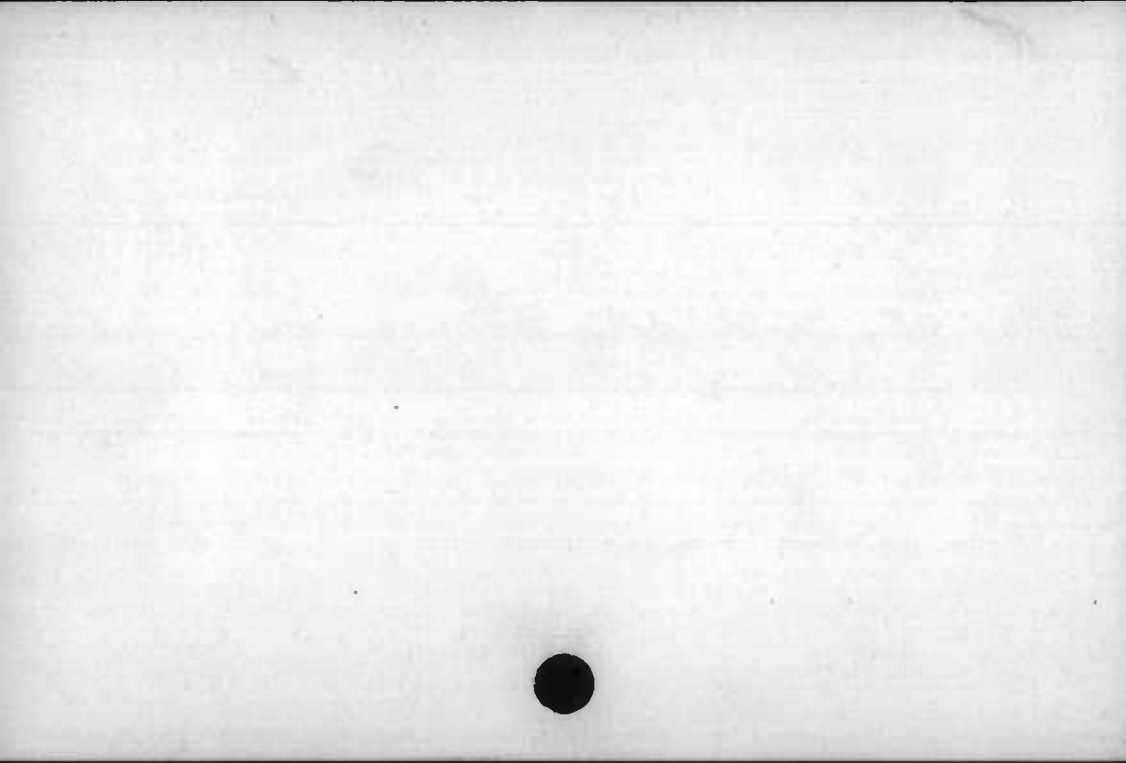
Died at <i>Indian Spring</i>		Town <i>Washington</i>		County <i>+</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>May</i>	Day <i>1</i>	Age	Years	Months	Days <i>9</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>At place of death</i>						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name <i>J. Albert Furthhouse</i>	Father's Birthplace <i>MD</i>						
Mother's Maiden Name <i>Sarah C. Williams</i>	Mother's Birthplace <i>MD</i>						
Name of person giving information <i>J. A. Furthhouse</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Degeneration of Placenta</i>	How long	
Immediate	<i>Infarction</i>	How long	<i>9 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>C. J. Mason</i>
		Address	<i>Clearspring MD.</i>
Accident or Suicide?			



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Seitersburg</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 190 <i>9</i> ^{Month} <i>May</i> ^{Day} <i>29</i>		Age <i>37</i> ^{Years}		<i>11</i> ^{Months} <i>29</i> ^{Days}	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>Shoemaker</i>		Where Residing if not at place of death <i>Seitersburg</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Susan A. Gilbert</i>			
Father's Name <i>Chas. Gilbert</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Katherine Kissinger</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving Information <i>Ans. H. J. Rountree</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

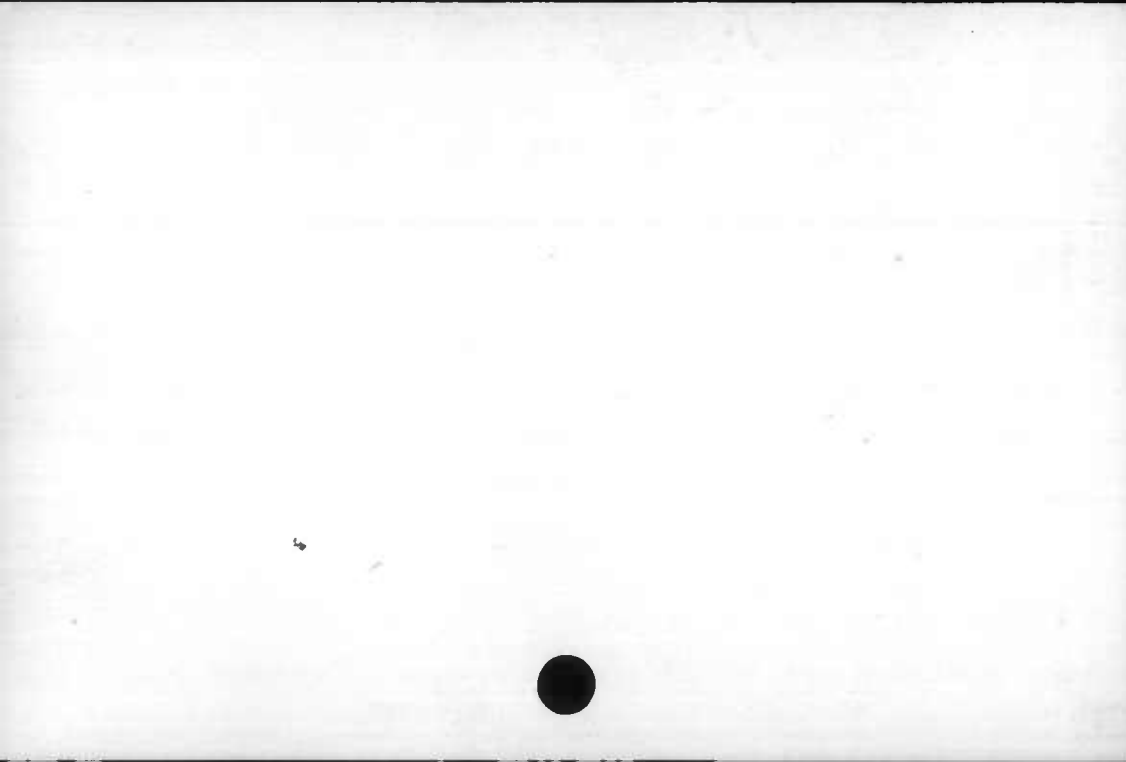
Primary	<i>Heart Disease</i>	79 How long	<i>one year</i>
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name in Full *Grace Elizabeth Hull Hammond*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Securixy* County *Wash* MARYLAND
 Date of death 1909 *15* Month *11* Day *1* Age *1* Years *1* Months *27* Days
 Sex *female* Color or Race *white* Birth-place *MD.*
 Occupation *child* Where Residing if not at place of death _____
 Married, Single or Widowed *single* Name of Wife or Husband _____
 Father's Name *Eugene B Hammond* Father's Birthplace *MD.*
 Mother's Maiden Name *Annie E. Fitzgerald* Mother's Birthplace *Va*
 Name of person giving Information *E. B. Hammond* How related to deceased *father*

CAUSES OF DEATH

167

Primary *Scald entire Body* How long *Two hours*
 Immediate *Shock -* How long *" "*

Are the name, age, sex, color, date and place correctly given above? *yes*

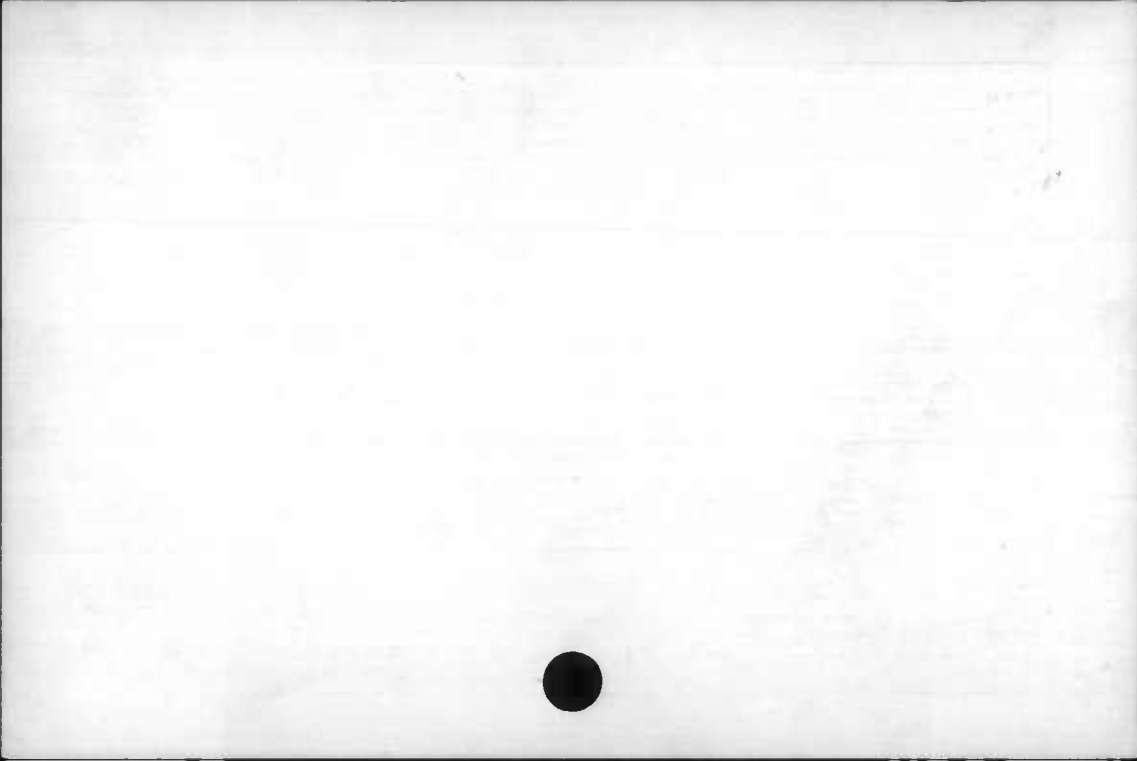
Signature of Physician

Address

*J. D. Smith &
34 Augustin Rd*

Accident or Suicide *no*

PHYSICIAN
OR CORONER



Name in Full		Rachel Haupt				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Baum-boro		County		Washington		MARYLAND	
		Date of death		1909 May 31		Age		45		3 - 12	
		Sex		Female		Color or Race		White		Birth-place	
		Occupation		Housewife		Where Residing if not at place of death		Baum-boro, Md.			
		Married, Single or Widowed		Married		Name of Wife or Husband		John P. Haupt			
		Father's Name		Nathan Buck		Father's Birthplace		New Jersey			
		Mother's Maiden Name		Rachel Smith		Mother's Birthplace		New Jersey			
Name of person giving Information		Elizabeth Miller		How related to deceased		Sister					
PHYSICIAN OR CORONER		CAUSES OF DEATH						154			
		Primary						General Debility		How long	
		Immediate						Pneumonia		How long	
		Are the name, age, sex, color, date and place correctly given above?						Yes			
Accident or Suicide		Signature of Physician						W. P. Wheeler M.D.			
		Address						Baum-boro		Washington Co.	

Brining & Bast
Undulaker

Name
in
Full

CERTIFICATE OF DEATH

William A. Hawkins

Town

County

MARYLAND

Died at Hagerstown

Wash.

Date

of death 1907

Month

Day

Year

Month

Days

Age about 46

Sex

male

Color or
Race

white

Birth-
place

VA

Occupation

Retired Civil Engineer

Where Residing if not
at place of death

Married, Single
or Widowed

single

Name of Wife or
Husband

Father's
Name

Joseph Hawkins

Father's
Birthplace

VA.

Mother's
Maiden Name

Sarah Allen

Mother's
Birthplace

" "

Name of person giving
Information

Robert C Ruby

How related
to deceased

uncle

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

? 3 years

Immediate

Exhaustion

How long

1 month

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. Preston Nellen

Address

Hagerstown, Md.

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mt. Jackson, Va.

Name in Full		Horace Holmes				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Augustown		Washington County		
		Date of death		1909	May	20	Age	27
		Sex		Male		Color or Race		Colored
		Occupation		Labourer		Birth-place		Virginia
		Married, Single or Widowed		Married		Name of Wife or Husband		Ella Holmes
		Father's Name		Holmes		Father's Birthplace		Unknown
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown		
Name of person giving information		Charles Bell		How related to deceased		None.		
		CAUSES OF DEATH				(176)		
PHYSICIAN OR CORONER		Primary		Stab Wound. (Heart)		How long		5 Minutes
		Immediate		Hemorrhage		How long		5 Minutes
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. R. Lapham
		Accident or Suicide?		Homicidal		Address		Wagon Road Md.

W. J. J. J. J.

White postcard

Name
in
Full

Alice Sella Hunsberger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Bagers town

County

Washington

MARYLAND

Date

of death

1909

Month

5

Day

2

Age

15

Months

6

Days

5

Sex

Female

Color or
Race

white

Birth-
place

Md.

Occupation

School-girl

Where Residing if not
at place of death

Married, Single
or Widowed

single

Name of Wife or
Husband

Father's
Name

David F. Hunsberger

Father's
Birthplace

Penn.

Mother's
Maiden Name

Sarah J. Ringer

Mother's
Birthplace

Md.

Name of parson giving
Information

D. F. Hunsberger

How related
to deceased

Father.

CAUSES OF DEATH

79

Primary

How long

Immediate

Heart Disease

How long

Couple years

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Wm P Scott,
Bagers town,

Accident or Suicide

4

Sutton

Name
in
Full

CERTIFICATE OF DEATH

William Gates Hunter

Died at Hagerstown Washington County MARYLAND
 Date of death 1909 Month 5 Day 24 Age 5 Years Months 7 Days 15
 Sex Male Color or Race White Birth-place Ind.
 Occupation Child Where Residing if not at place of death _____

Married, Single Single Name of Wife or Husband _____
 Father's Name James Hunter Father's Birthplace Scotland
 Mother's Maiden Name Sallie Gates Mother's Birthplace Ind.
 Name of person giving Information James Hunter How related to deceased Father

CAUSES OF DEATH

166

Primary Injuries. wheels of freight car How long 2 or 3 days
 Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W. Preston Miller
Hagerstown Ind

Accident or Suicide

Yes

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Coffin
Rose Hill.

Name
in
Full

Emma C Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Williamsport</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	1909	Month	May	Day	19
Age	<u>Stillborn</u>				
Sex	<u>Female</u>		Color or Race	<u>Negro</u>	
Occupation	<u>Child</u>		Birth-place	<u>Williamsport</u>	
Married, Single or Widowed			Name of Wife or Husband		
<u>Child</u>			<u>Child</u>		
Father's Name			Father's Birthplace		
<u>Charles Johnson</u>			<u>Baltimore</u>		
Mother's Maiden Name			Mother's Birthplace		
<u>Lela Barnett</u>			<u>Williamsport</u>		
Name of person giving Information			How related to deceased		
<u>Lela Barnett</u>			<u>Mother</u>		

CAUSES OF DEATH

Primary	<u>Still born</u>	How long	<u>—</u>
Immediate	<u>—</u>	How long	<u>—</u>

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W. Richardson
Williamsport

Accident or Suicide

NoPHYSICIAN
OR CORONER

J. F. Reeps.

Undertaker
interment in Riverview
Cemetery

Williamport
Maryland.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jessy E. Hreeley -

Died at *Boonsboro* *Washington* **MARYLAND**

Date of death *1909* *May* *1* *Age* *76* *10* *7*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Retired Farmer* Where Residing if not at place of death *_____*

Married, Single or Widowed *Widower* Name of Wife or Husband *Sophia Hreeley*

Father's Name *Sam'l Hreeley* Father's Birthplace *Ind.*

Mother's Maiden Name *Sophia Miller* Mother's Birthplace *Ind.*

Name of person giving Information *Mrs. J. C. Adams* How related to deceased *Daughter*

CAUSES OF DEATH

123

PHYSICIAN
OR CORONER

Primary *General Debility* How long *1 yr -*

Immediate *Chronic Cystitis* How long *6 mo -*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. C. Wheeler M.D.*

Address *Boonsboro*

Washington Co -

Accident or Suicide

Bremmings + Best
Medutoken

Name
in
Full

CERTIFICATE OF DEATH

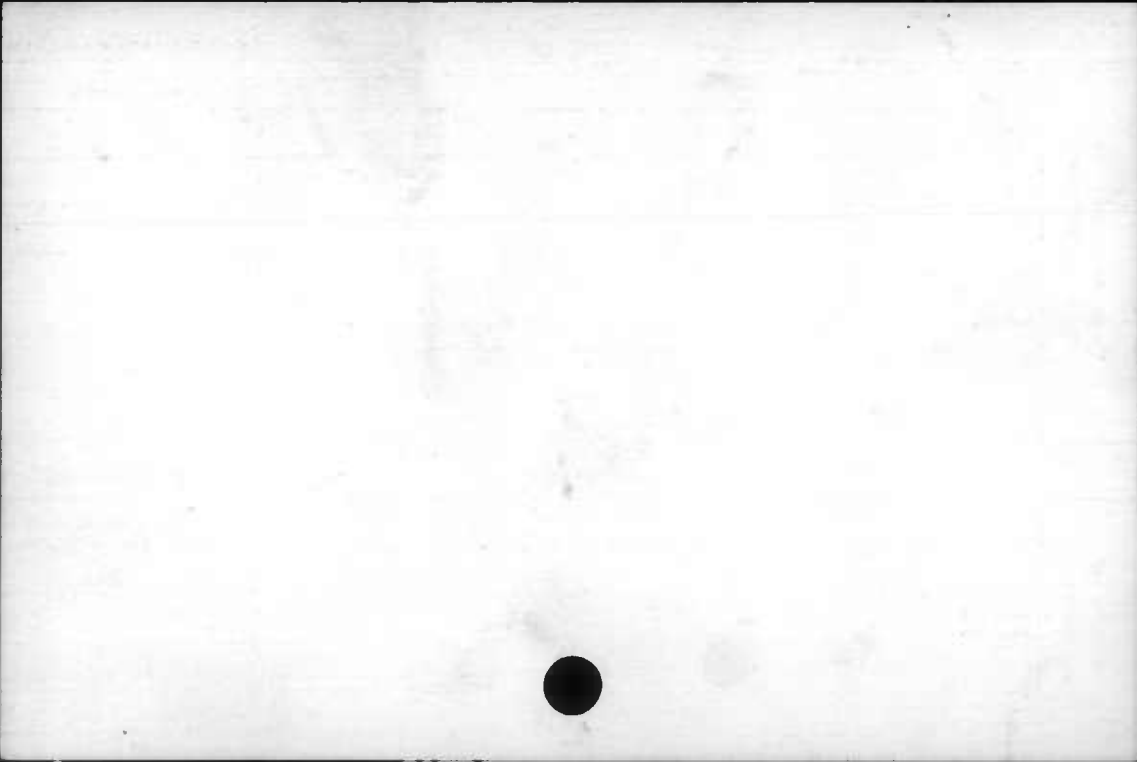
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Clear Spring</i> ^{Town}		<i>Wash</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>May</i>	Day <i>3</i>	Age <i>84</i>	Months <i>7</i>	Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Frankston Ind</i>			
Occupation <i>Houswife</i>	Where Residing if not at place of death				
Married, Single or Widowed <input checked="" type="checkbox"/> Married	Name of Wife or Husband <i>Lewis A. Knode</i>				
Father's Name <i>Geigler</i>	Father's Birthplace <i>France</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving Information <i>Oliver Knode</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Broncho-Pneumonia</i>	92 How long <i>1 wk</i>
Immediate	<i>Cardiac Failure</i>	How long <i>24 hours</i>
Are the name, age, sex, color, data and place correctly given above?	<i>Yes</i>	Signature of Physician <i>C. J. Mason</i>
		Address <i>Clearspring, Md</i>
Accident or Suicide		



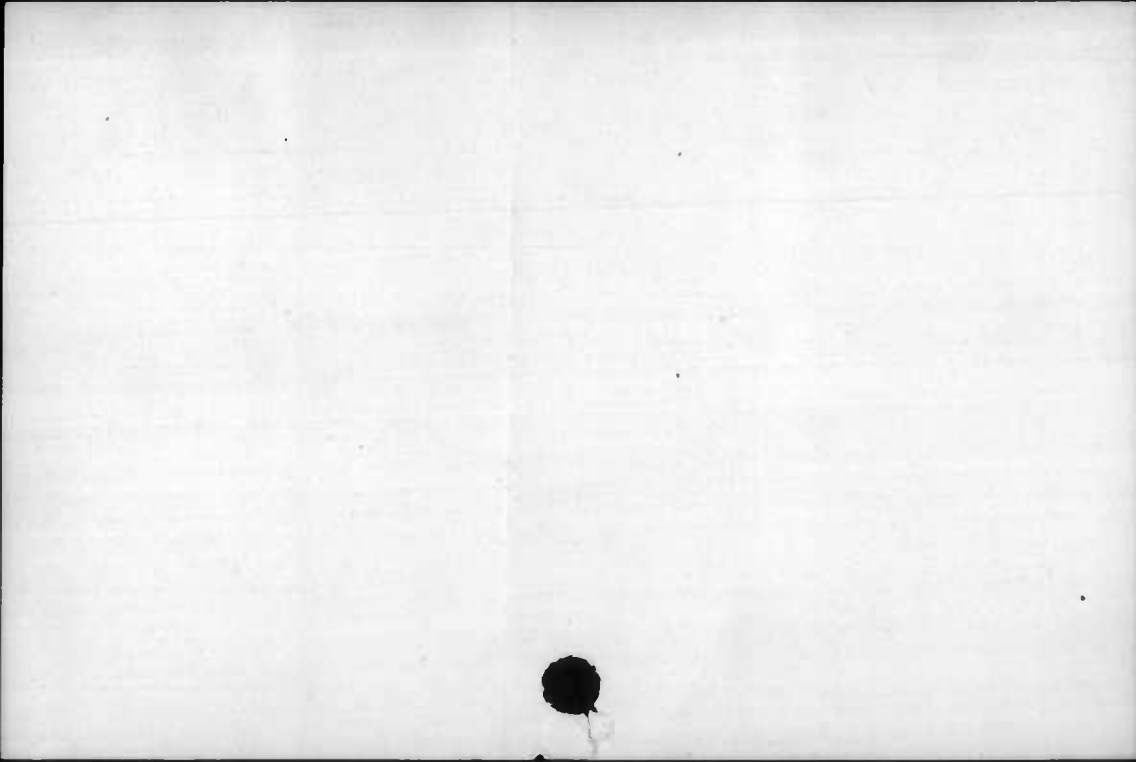
Name
in
Full

CERTIFICATE OF DEATH

Name in Full <i>Anna D Kubur</i>		Town <i>Smoketown</i>		County <i>Marshall</i>		State <i>MARYLAND</i>	
Died at <i>Smoketown</i>		Month <i>May</i>		Day <i>11</i>		Age <i>69</i>	
Date of death <i>1909</i>		Months <i>4</i>		Days <i>2</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Mercersburg</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Smoketown</i>					
Married, Single <i>Married</i>		Name of Wife or Husband <i>William Kubur</i>					
Father's Name <i>John Shamuth</i>		Father's Birthplace <i>Livingston</i>					
Mother's Maiden Name <i>Caighel</i>		Mother's Birthplace <i>Livingston</i>					
Name of person giving information <i>William Kubur</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Dropsy</i>	How long <i>One week</i>
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Joseph Wolfe</i>
		Address <i>Sub. Registrar</i>
Accident or Suicide?		



Name
in Full

David E. Leppole.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Brounboro.		Washington					
Date of death		Month	Day	Age	Years	Months	Days
1909		May	14	48	6	24	
Sex		Color or Race		Birth-place			
Male		White		Maryland			
Occupation		Where Residing if not at place of death					
Bird-layer							
Married, Single or Widowed		Name of Wife or Husband					
Married		Laura Leppole					
Father's Name		Father's Birthplace					
William Leppole		Maryland					
Mother's Maiden Name		Mother's Birthplace					
Mary Ann Purdy		Maryland					
Name of person giving Information		How related to deceased					
Laura Leppole		Wife					

CAUSES OF DEATH

20

PHYSICIAN
OR CORNER

Primary	Blood Poisoning	How long	14 weeks.
Immediate	Paralysis	How long	2 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. Hubert M.D.	
		Address	
		Brounboro.	
Accident or Suicide		Maryland	
No			

Brunig & Bart
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ann Elizabeth Geedy</i>		Town <i>Silvan</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Silvan Grove Washington</i>							
Date of death <i>1909</i>		Month <i>5</i>		Day <i>8</i>		Age <i>69</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>			
Occupation <i>House work</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i></i>					
Father's Name <i>George W Rhodes</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Catharine Buchanan</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving Information <i>Albert Geedy</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

93

Primary *Pneumonia.*

How long

Immediate *asphyxia.*

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J. E. Miller -

Address

Mason - Dixon Pa.

Accident or Suicide

PHYSICIAN
OR CORONER

Coffman
Broadfording

Name
in
Full

Unnamed Child of Geo. J. Lynch.

CERTIFICATE OF DEATH

Died at <i>Hagerstown</i> ^{Town}		<i>Hagerstown</i> ^{County}		MARYLAND	
Date of death	1909	Month	5	Day	28
Age		—		Months	—
Sex		Female		Color or Race	White
Occupation		Infant		Where Residing if not at place of death	—
Married, Single or Widowed	Infant		Nams of Wife or Husband	Infant	
Father's Name	Geo. J. Lynch.		Father's Birthplace	Md.	
Mother's Maiden Name	Vernia Green		Mother's Birthplace	Md.	
Name of person giving Information	Geo. J. Lynch.		How related to deceased	Father	

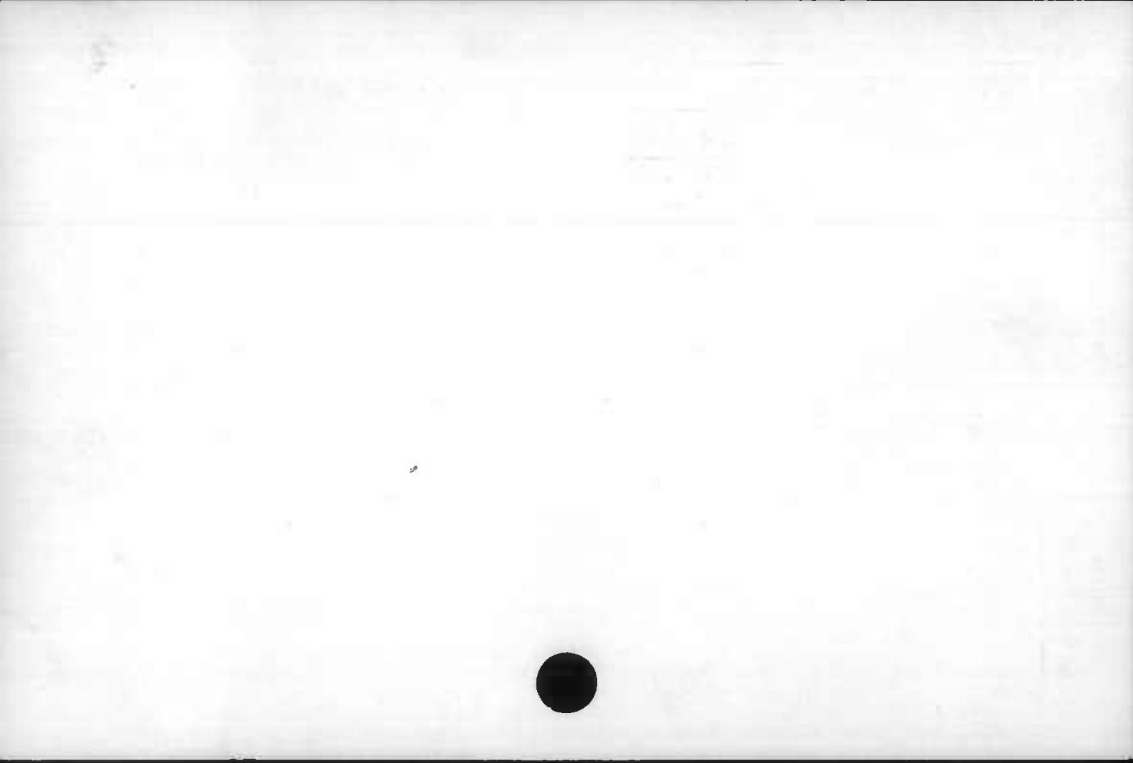
CAUSES OF DEATH

151

Primary	<i>Premature birth.</i>	How long	—
Immediate	<i>General Insufficiency - Dehydration.</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>H. H. Lewis M.D.</i>
yes		Address	<i>Hagerstown, Md.</i>
Accident or Suicide		—	

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Andrew Jackson McAllister* County *Washington* State *MARYLAND*

Died at *Indian Spring*

Date of death *1909* Month *May* Day *21* Age *77* Years Months *3* Days *13*

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *Hotel keeper, retired* Where Residing if not at place of death

~~Married, Single or Widowed~~ Name of Wife or Husband *Susan Trumfower*

Father's Name *Archabalad McAllister* Father's Birthplace *Unknown*

Mother's Maiden Name *Martha Maganau* Mother's Birthplace *"*

Name of person giving Information *John McAllister* How related to deceased *Son*

CAUSES OF DEATH

125

PHYSICIAN
OR CORONER

Primary *Prostatic Enlargement* How long *Indefinite*

Immediate *Exhaustion* How long *3 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes.* Signature of Physician *Theo. Boase*

Address *Clear Spring, Md.*

Accident or Suicide

Mar 10 1844

Mary Puckley

Mary Thatcher

2000

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Harry C McCall's child

Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown*

Date of death 190*9* Month *5* Day *13* Age *—* Years *—* Months *—* Days *2 hours*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Harry C McCall* Father's Birthplace *Md*

Mother's Maiden Name *Mary E Barber* Mother's Birthplace *Md*

Name of person giving Information *Harry C McCall* How related to deceased *Father*

CAUSES OF DEATH

Primary

Premature birth

How long

15'

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

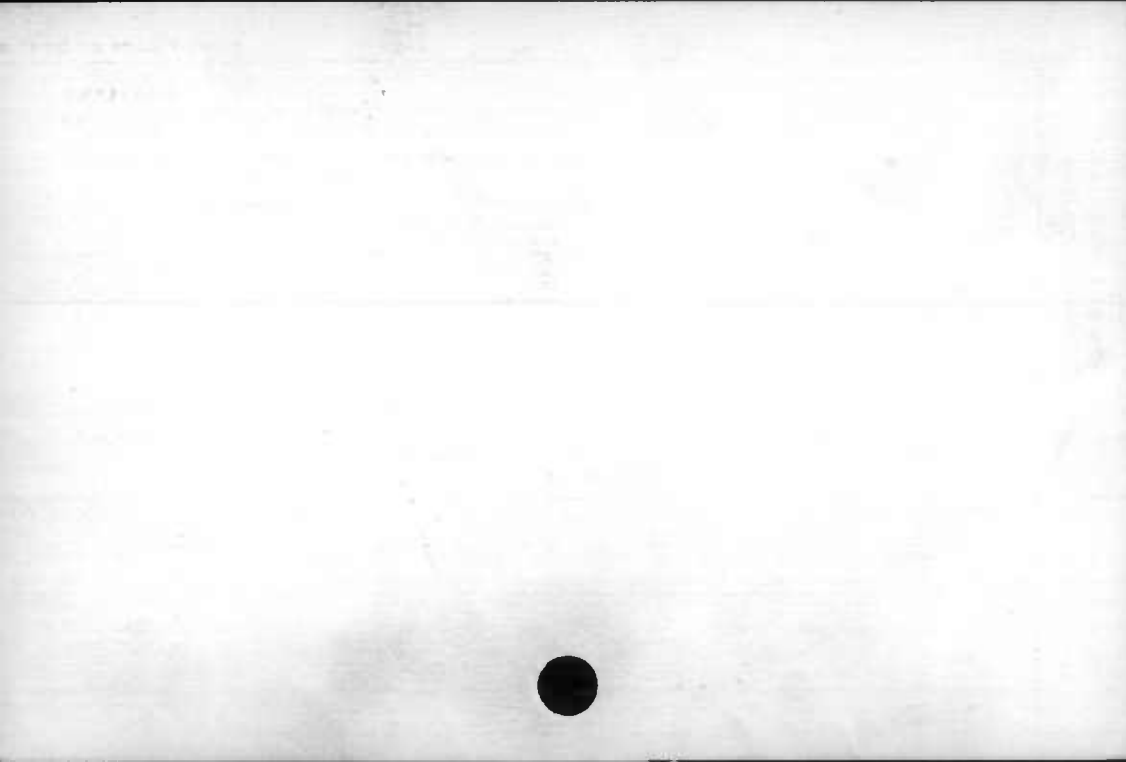
Signature of Physician

Address

W. Morrison
Hagerstown Md

Accident or Suicide

*no*PHYSICIAN
OR CORONER



Name
in
Full

Edward James

McLann

CERTIFICATE OF DEATH

Town

County

Died at

Hagers town

Washington

MARYLAND

Date

of death 1909

Month

5

Day

17

Years

Age

Months

9

Days

1

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John A McLann

Father's
Birthplace

Md

Mother's
Maiden Name

Blanch E. Brown

Mother's
Birthplace

Md

Name of person giving
Information

John A McLann

How related
to deceased

Father

CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

48 hrs

Immediate

Exhaustion

How long

Sudden

Are the name, age, sex, color, date
and place correctly given above?

yes

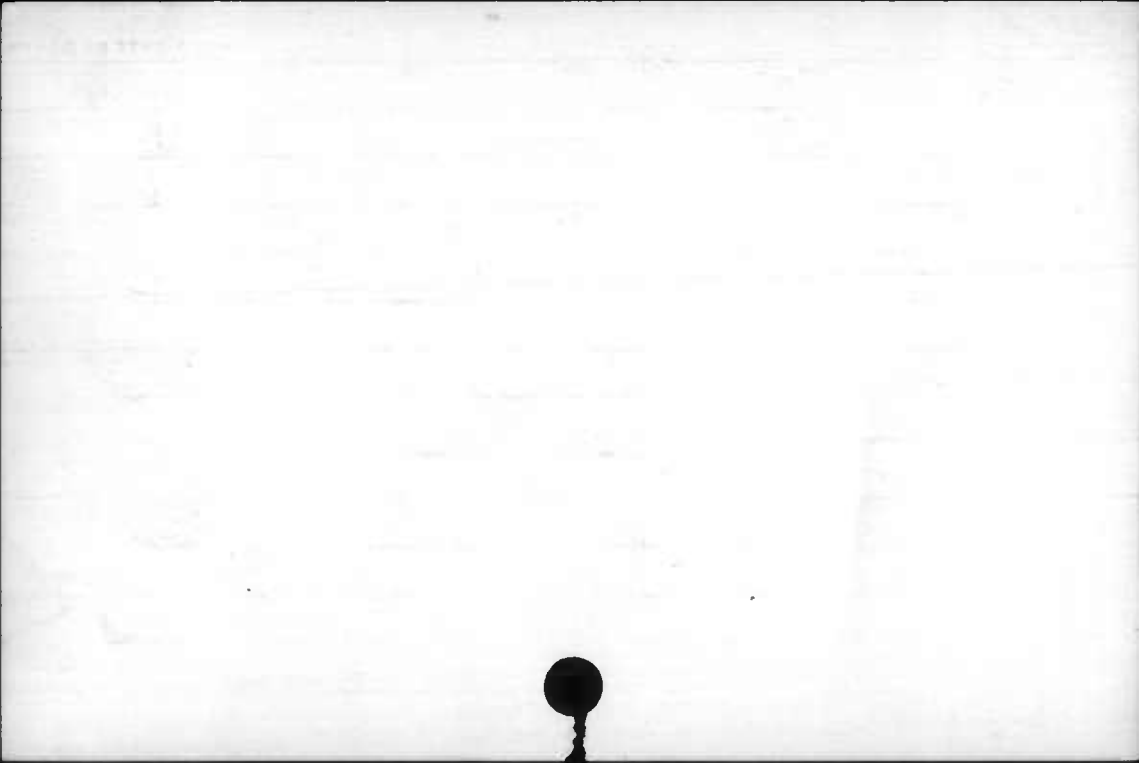
Signature of
Physician

Address

J. E. Pittsough
Hagers town
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sunny Side</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i> <small>Month</small> <i>May</i> <small>Day</small> <i>17</i> <small>th</small>		Age <i>26</i> <small>Years</small>		<i>2</i> <small>Months</small> <i>5</i> <small>Days</small>	
Sex <i>Male</i>		Color or Race <i>col</i>		Birth-place <i>Wilson dist</i>	
Occupation <i>laborer</i>		Where Residing if not at place of death <i>Sunny Side</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>Calvin Moore</i>		Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Martha Johnson</i>		Mother's Birthplace <i>Virginia</i>			
Name of person giving information <i>Dora J. Turner</i>		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>one year</i>
Immediate <i>weakness</i>	How long <i>short while</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of <i>John L. Christian Sub Regis</i>
<i>Tuberculosis</i>	Address <i>Williamport</i>
<i>weakness</i>	<i>Maryland</i>
Accident or Suicide?	

Address of undertaker
J. M. Miller
Williamstown
Maryland

Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

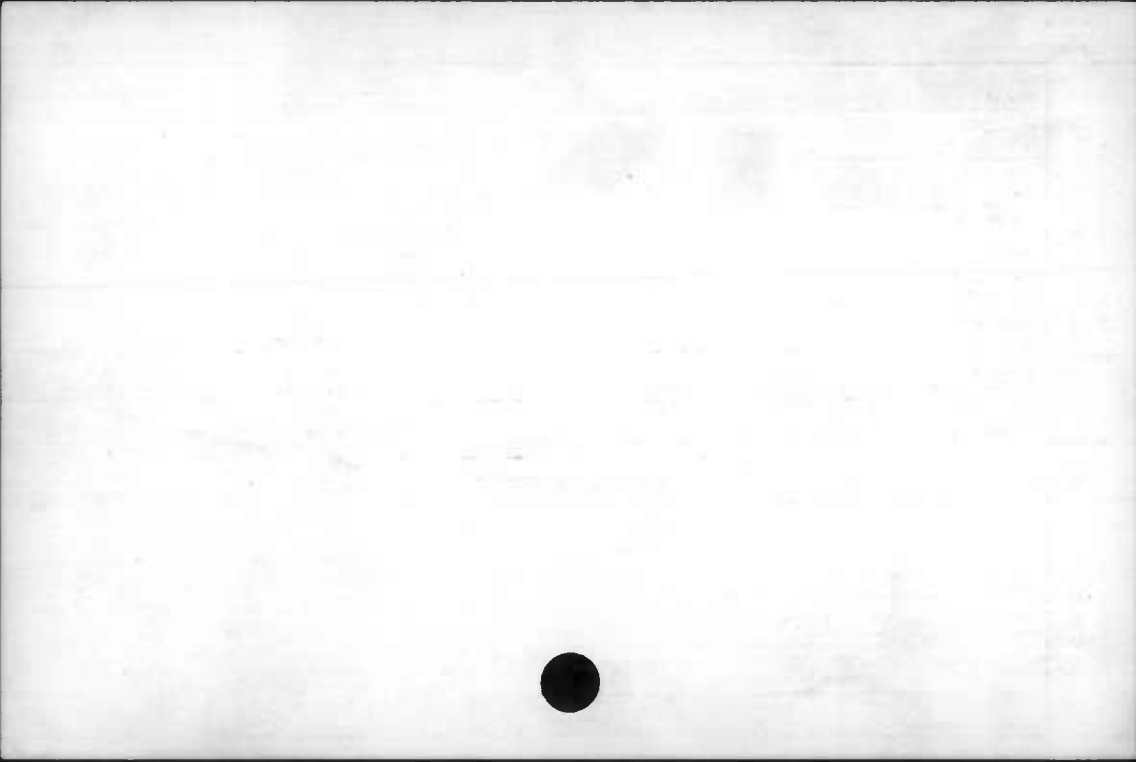
Name <i>David F. Newcomer</i>		Town <i>Bagerstown</i>		County <i>Wash.</i>		State <i>MARYLAND</i>	
Died at <i>Bagerstown</i>		Month <i>5</i>		Day <i>12</i>		Years <i>about 80</i>	
Date of death <i>1909</i>		Months		Days			
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>			
Occupation <i>Retired Merchant</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>John C. Newcomer</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Letitia J. Hawthorne</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>John Newcomer</i>		How related to deceased <i>brother.</i>					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>		How long <i>2 days</i>	
Immediate <i>Exhaustion & Irritability</i>		How long <i>-</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. Q. Warham</i>	
		Address <i>Bagerstown Md</i>	
Accident - Suicide			



Name
in
Full

CERTIFICATE OF DEATH

Mrs Mary Jane Nigh

near Hagerstown

Wash.

MARYLAND

Date of death 190 9 5 - 7 Age 67 5 16

Sex female Color or Race white Birthplace Penna.

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband David F. Nigh.

Father's Name Philip Beaver Father's Birthplace Penna.

Mother's Maiden Name Barbara Ann Snodgrass Mother's Birthplace Penna.

Name of person giving information D. F. Nigh How related to deceased husband.

CAUSES OF DEATH

120

Primary Chronic nephritis Endocarditis. How long 13 yrs ?

Immediate Broncho Pneumonia. How long 10 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. P. M. Nigh

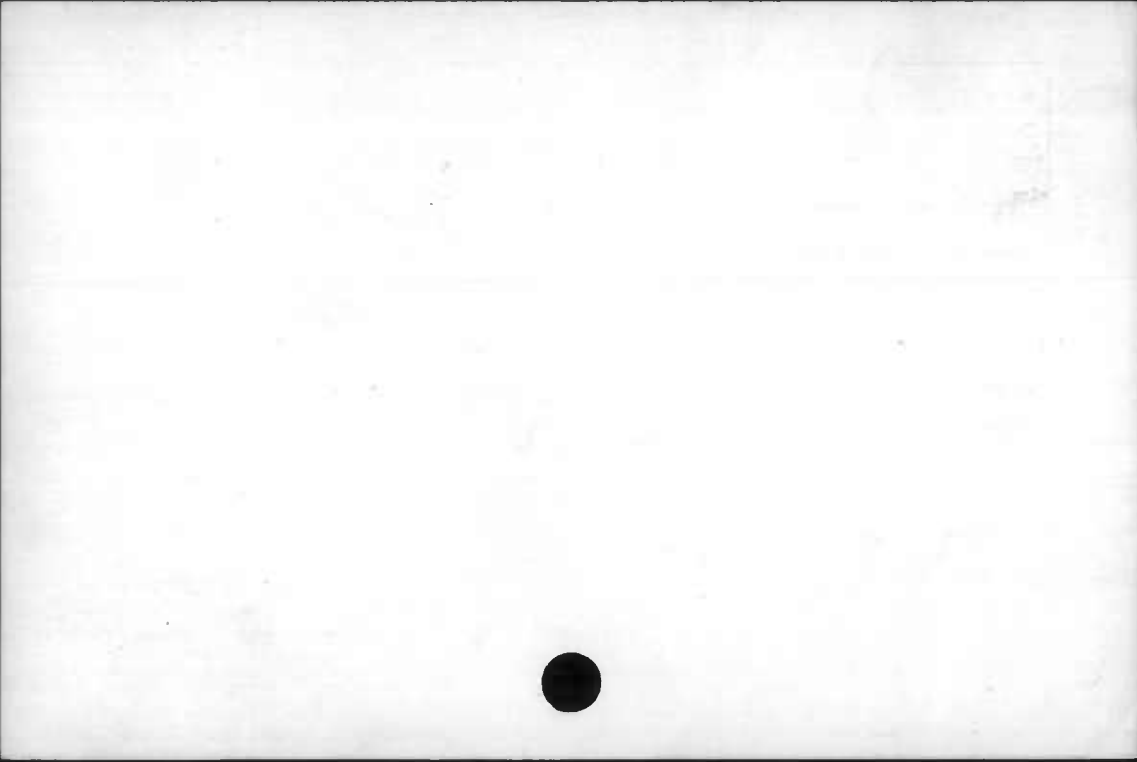
Address

Hagerstown Md

Accident or Suicide No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Emma H. Bliver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Hancock</i>		Town <i>Hancock</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Date of death <i>1909 May</i>		Month <i>May</i>	Day <i>16</i>	Age <i>60</i>	Years <i>7</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Wash Co Md</i>			
Occupation <i>None</i>				Where Residing if not at place of death <i>Died at home</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Deaton Bliver</i>				Father's Birthplace <i>Hancock Md</i>			
Mother's Maiden Name <i>Rebecca Mann</i>				Mother's Birthplace <i>Wash Co Md</i>			
Name of person giving information <i>J Neal Bliver</i>				How related to deceased <i>Brother</i>			

Dr. *Shyers*

CAUSES OF DEATH

Primary

Inbred Tumor

How long

How long

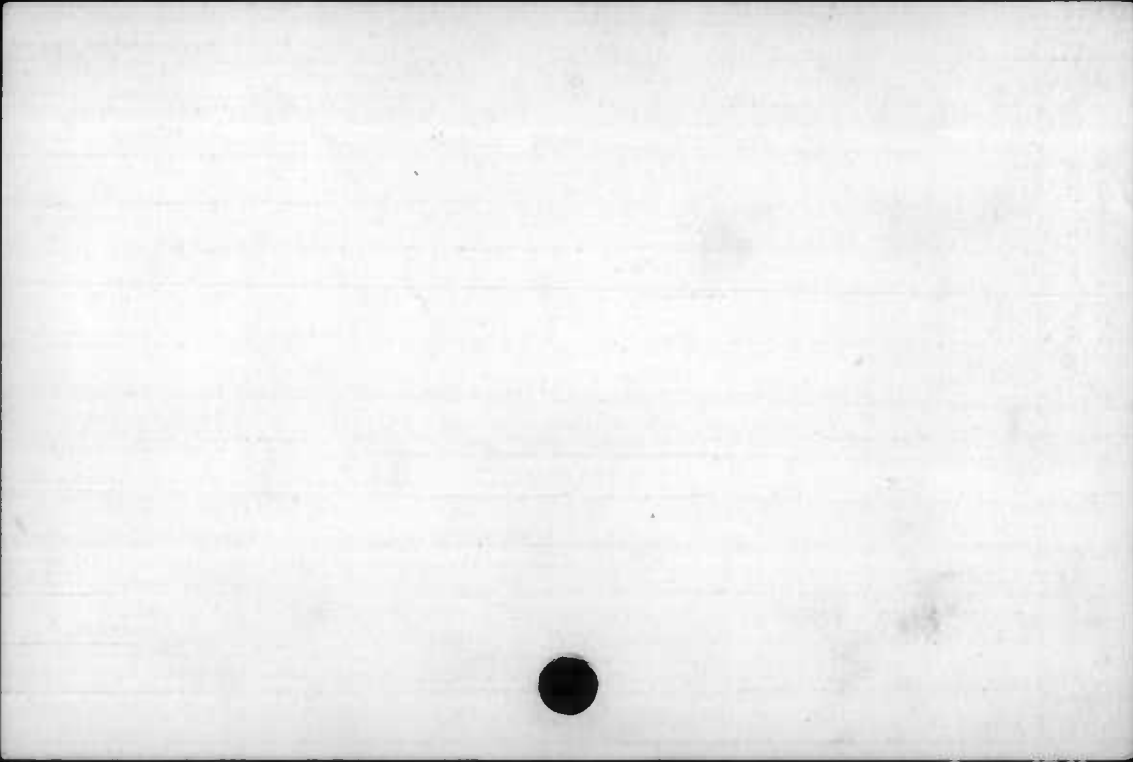
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature
Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George A. Petre, Sr. +

Diad at ^{Town} Middleburg ^{County} Washington MARYLAND

Date of death 1909 ^{Month} 5 ^{Day} 94 Age ^{Years} 76 ^{Months} ^{Days}

Sex Male Color or Race White Birth-place Md.

Occupation Retired farmer Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband Mamie F. Cook

Father's Name George Petre. Father's Birthplace Md.

Mother's Maiden Name Mary Kelley Mother's Birthplace

Name of person giving Information John H. Petre. How related to deceased Son.

CAUSES OF DEATH

120

Primary nephritis & endocarditis How long 2 years

Immediate " " How long 1 wk

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

W. Preston Miller
Hagerstown Md

Accident or Suicide

PHYSICIAN
OR CORONER

Coffman
Long Meadow,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Joseph Renner</i>		Town <i>Hagerstown</i>	County <i>Wash</i>	State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>5</i>	Day <i>19</i>	Year <i>1904</i>	Age <i>76</i>
Date of death <i>1904 5 19</i>		Months <i>9</i>		Days <i></i>	
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Ind.</i>			
Occupation <i>Sexton</i>		Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>widower</i>		Name of Wife <i>Rebecca Renner</i>			
Father's Name <i>Francis Renner</i>		Father's Birthplace <i>Germany.</i>			
Mother's Maiden Name <i>Catherine Stamps</i>		Mother's Birthplace <i>Penna.</i>			
Name of person giving Information <i>Lillie White</i>		How related to deceased <i>daughter.</i>			

CAUSES OF DEATH

64

Primary	<i>Cerebral Thrombosis.</i>	How long <i>4 hours.</i>
Immediate	<i></i>	How long <i>" "</i>

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician

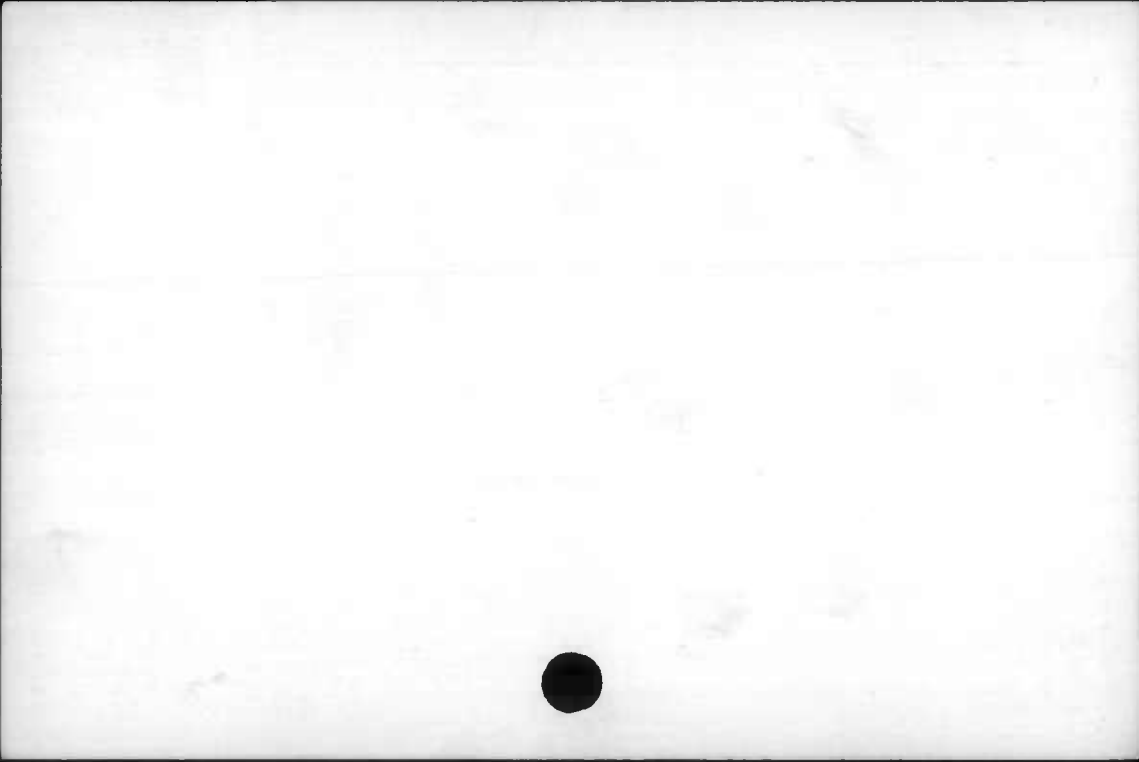
Victor Smith
Hagerstown, Md.

Address

Accident or Suicide

No.

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

4 Miss Elizabeth Ridemour

Died at ^{Town} *Halfway* ^{County} *Washington* **MARYLAND**

Date of death 1909 ^{Month} 5 ^{Day} 5 Age ^{Years} 79 ^{Months} 7 ^{Days} 1

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *Housework* Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *David Ridemour* Father's Birthplace *Md.*

Mother's Maiden Name *Susan Ailbrack* Mother's Birthplace *"*

Name of person giving Information *Cornelius Ridemour* How related to deceased *Brother*

CAUSES OF DEATH

93

Primary *Acute Lobar Pneumonia* ^{How long} *one week*

Immediate *Edema of Lung* ^{How long} *one day*

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *W. Richardson*

Address *WilliamSPORT Md*

Accident or Suicide *No.*

PHYSICIAN
OR CDRONER

Coffman
Bunkerdown.

Name
in
Full

Pierce Robinson +

CERTIFICATE OF DEATH

Died at ^{Town} Hagerstown ^{County} Washington MARYLAND

Date of death 1909 ^{Month} 5 ^{Day} 19 Age ^{Years} 36 ^{Months} — ^{Days} —

Sex Male Color or Race Colored Birth-place Va.

Occupation Laborer Where Residing if not at place of death

~~Married~~, Single or ~~Widowed~~ Name of Wife or Husband

Father's Name Charles Robinson Father's Birthplace Va.

Mother's Maiden Name Molly Richens Mother's Birthplace "

Name of person giving Information Kate Robinson How related to deceased Aunt

CAUSES OF DEATH

Primary Valvular lesion with Hypertrophy How long Do not know

Immediate Dropsy - How long 3 weeks 6

Are the name, age, sex, color, date and place correctly given above? *gm*

Signature of Physician J. W. Wutz

Address Hagerstown

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Coffman
Halifax.

Name
in
Full

CERTIFICATE OF DEATH

M. Schallmann

Town

County

MARYLAND

Died at

Bagerstown

Wash

Date

of death

1909

Month

5

Day

4

Age

about 36

Months

Days

Sex

male

Color or
Race

white

Birth-
place

Germany

Occupation

Watchmaker

Where Residing if not
at place of death

Married, Single
or Widowed

single

Name of Wife or
Husband

Father's
Name

Samuel Schallmann

Father's
Birthplace

Germany

Mother's
Maiden Name

Sarah — not known

Mother's
Birthplace

9

Name of person giving
Information

I. S. Kahn

How related
to deceased

nephew

CAUSES OF DEATH

159

Primary

Pistol shot through the heart

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Chas. B. Doyle M.D.

Accident or Suicide

suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Suter

Habington

Name
in
Full

Ruth Irene Shank

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

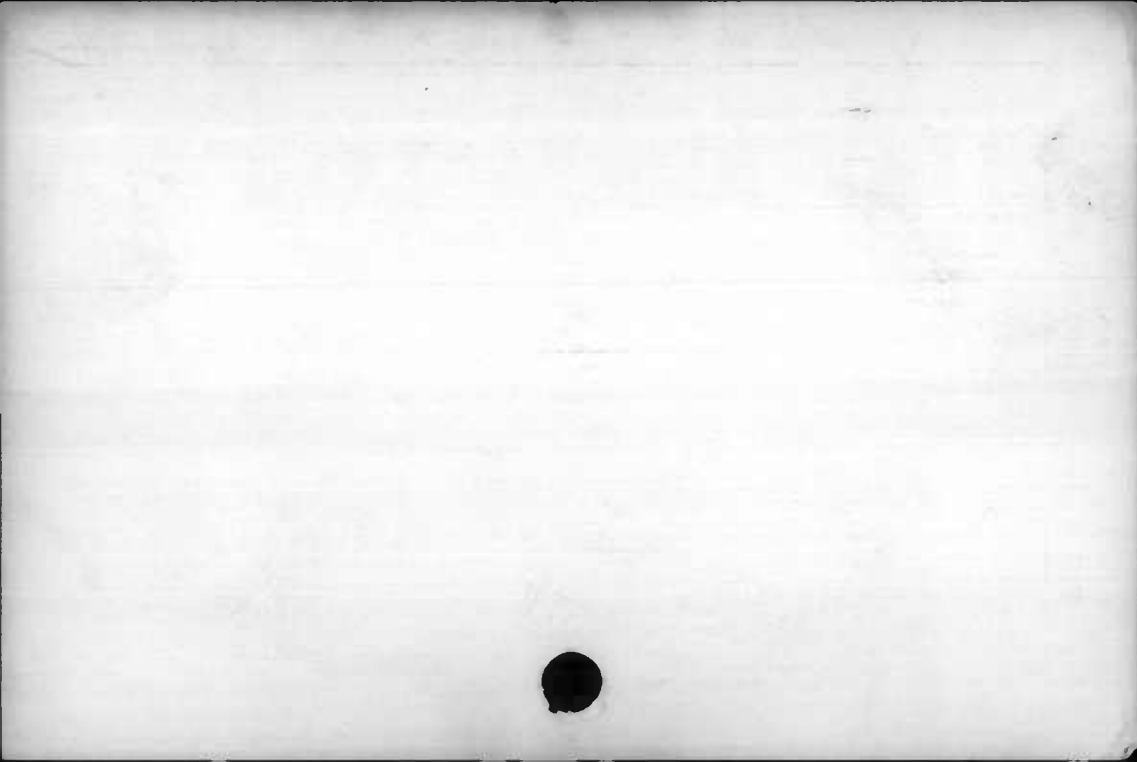
Died at ^{Town} *Middleburg* ^{County} *Franklin* *Anne*
~~MARYLAND~~
Date of death 190 ^{Month} *9* ^{Day} *5* ^{Years} *22* Age ^{Months} *3* ^{Days} *20*
Sex *Female* Color or Race *white* Birth-place *Md.*
Occupation _____
Where Residing if not at place of death _____

Married, Single or Widowed *single* Name of Wife or Husband _____
Father's Name *Harvey Shank* Father's Birthplace *Md.*
Mother's Maiden Name *Emma K. Schubert* Mother's Birthplace *Md.*
Name of person giving Information *Harvey Shank* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chronic Valvular Heart Disease* How long *1 yr.*
Immediate *Dropsy* How long _____
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *D. C. R. Miller*
Address *State Line, Pa.*
Accident or Suicide *No*



Name
in
Full

Francis L. V. Smith

CERTIFICATE OF DEATH

Diad at Hagerstown Town Washington County MARYLAND
 Date of death 190 9 Month May Day 19 Age 2 Years 3 Months — Days —
 Sex Female Color or Race Colored Birth-place 430 - N. Jonathan St. Hagerstown Md
 Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —
 Father's Name Ambro Smith Father's Birthplace Germantown Pa
 Mother's Maiden Name Martha Reed Mother's Birthplace Hagerstown Md
 Name of person giving Information Martha Reed How related to deceased mother

CAUSES OF DEATH

6

Primary measles How long 6 days
 Immediate Pneumonia & Cardiac failure How long 24 hours
 Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician A. B. Wilson
 Address 243 - N. Jonathan St. Hagerstown Md.
 Accident or Suicide no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Cordelia
Holmes

Name
in
Full

Gerrit H. Smith

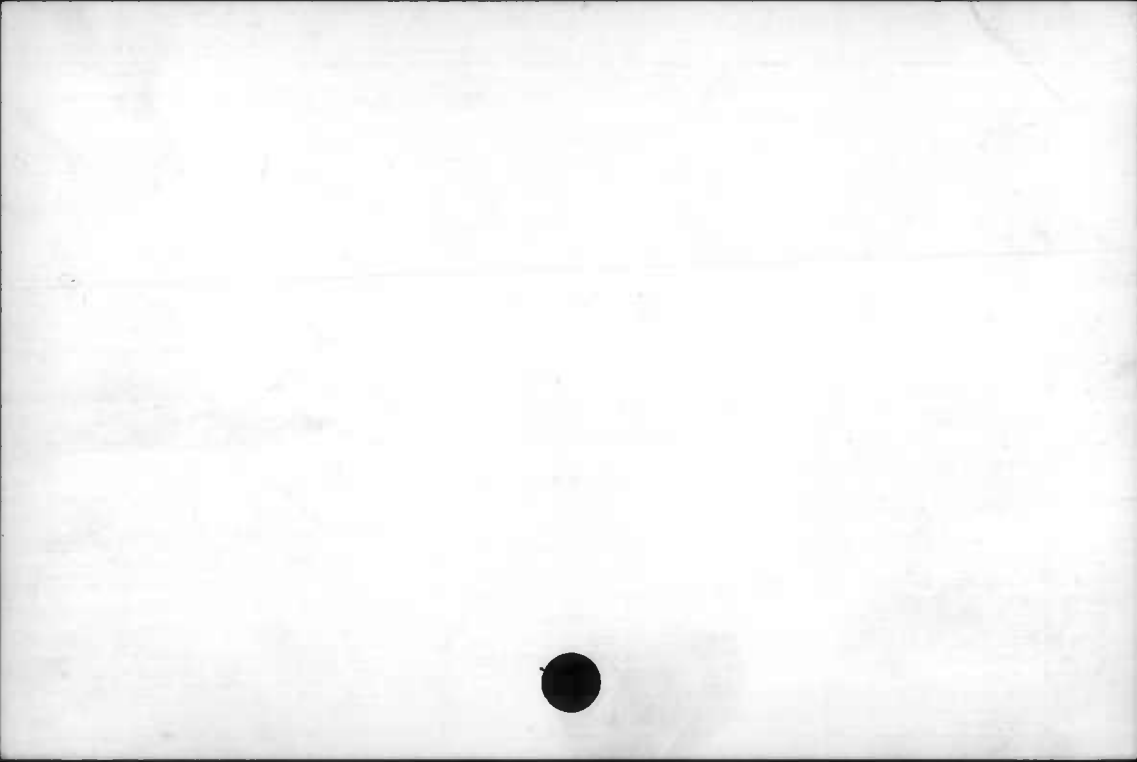
CERTIFICATE OF DEATH

Died at		Town Hagerstown	County Wash.	MARYLAND	
Date of death	1909	Month 5	Day 15	Age 78	Months 9
Sex	male	Color or Race	white	Birth- place	New York.
Occupation	Gentleman of Leisure				
Married, Single or Widowed	married	Name of Wife or Husband	Marion Fitchugh Smith		
Father's Name	Peter S. Smith	Father's Birthplace	N. Y.		
Mother's Maiden Name	Ann Probst	Mother's Birthplace	" "		
Name of person giving Information	Mrs G. H. Smith			How related to deceased	wife.

CAUSES OF DEATH

79

Primary	Mitral Obstruction & Dropsy	How long	One year or more
Immediate	Heart Failure	How long	1
Are the name, age, sex, color, data and place correctly given above?	Yes		
Signature of Physician	A. A. Mueser		
Address	Hagerstown Md		
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Williamport		County Washington		MARYLAND	
Date of death	1909	Month 5	Day 24	Age	2	Months 3	Days 21
Sex	Female		Color or Race	White		Birth- place	Ypsant
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Huaband				
Father's Name				Martin L. Sprecher		Father's Birthplace	
Mother's Maiden Name				Margaret S. Favorite		Mother's Birthplace	
Name of person giving Information				Mr. L. Sprecher		How related to deceased	
						Father	

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	Enterocolitis	How long	two weeks
Immediate	Cerebral Meningitis	How long	One week
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr. D. T. Leshner	
Address		Williamport Ad.	
Accident or Suicide			

J M Miller

Yours part -
" " " " " "
Md

undertaker

Name
in
Full

Henry F. Strock

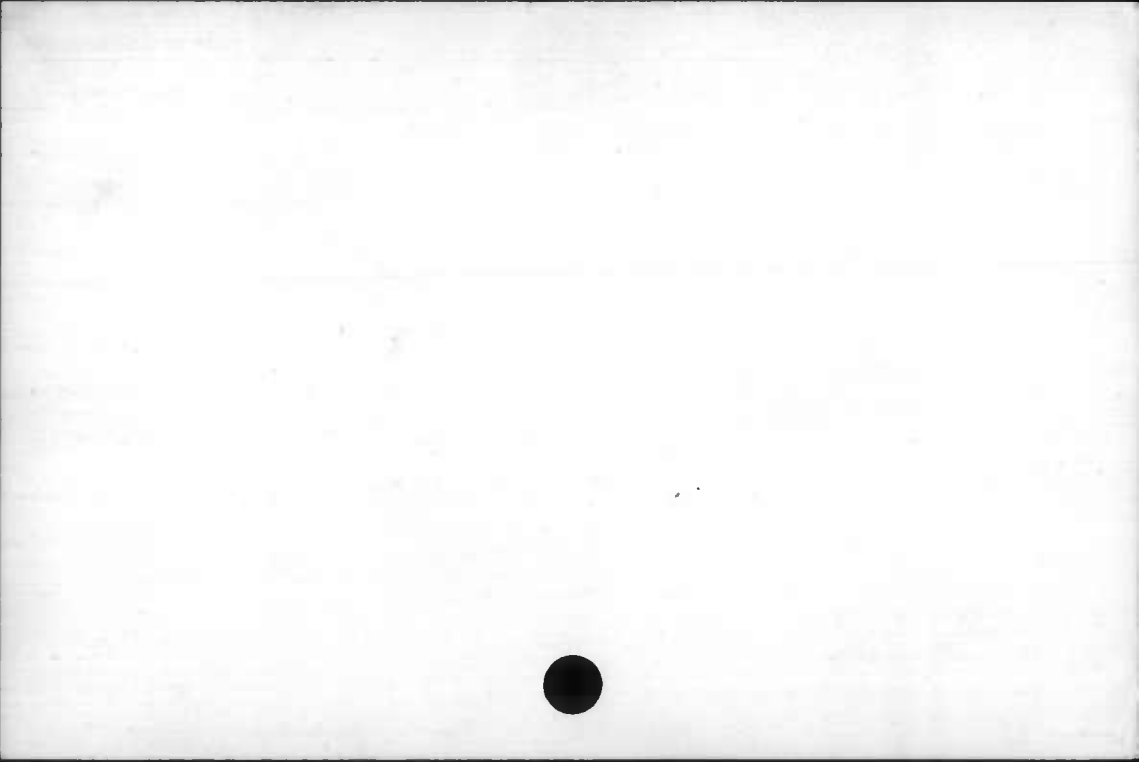
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *near Smithsburg* Town *Washington* County *MARYLAND*Date of death 190 *9* Month *5* Day *10* Age *40* Years Months DaysSex *Male* Color or Race *White* Birth-place *Mangawville*Occupation *Farmer* Where Residing If not at place of death *near Smithsburg*Married, Single or Widowed *Married* Name of Wife or Husband *Mrs. Henry F. Strock*Father's Name *William Strock* Father's Birthplace *Mangawville*Mother's Maiden Name *Elithia Bilderbrand* Mother's Birthplace *Funkstown*Name of person giving Information *H. M. Strock* How related to deceased *Brother*

CAUSES OF DEATH

157

Primary *Dependancy* How longImmediate *Suicide by hanging* How longAre the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Chas. B. Hatter*Address *Acting Town*Accident or Suicide *Suicide**Hagerstown, Md.*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

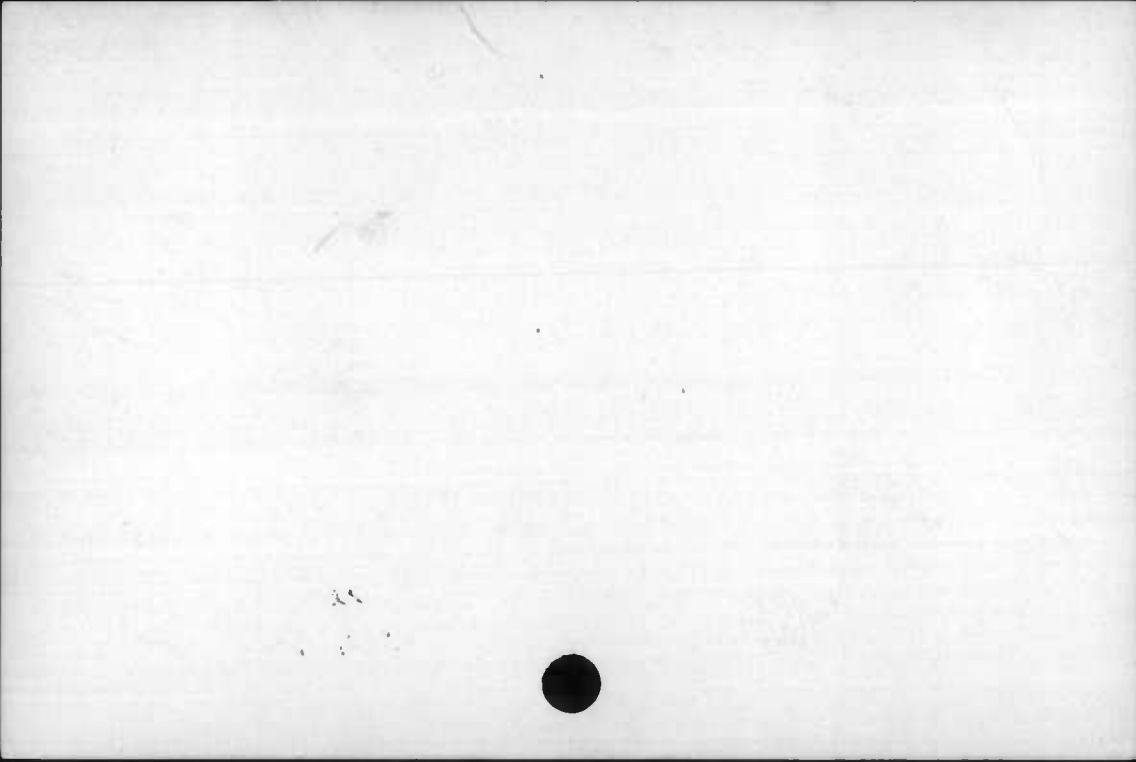
Died at <i>Chesurville</i> Town		<i>Harrison</i> County		MARYLAND	
Date of death	1909	Month	5	Day	22
Age	83	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Chesurville
Occupation	Farmer		Where Residing if not at place of death Chesurville		
Married, Single or Widowed	Married		Name of Wife or Husband Martini Thomas		
Father's Name	Michael Thomas			Father's Birthplace	Bomboro
Mother's Maiden Name	Mary Haly			Mother's Birthplace	Landover
Name of person giving information	Mollie Extime			How related to deceased	Daughter

CAUSES OF DEATH

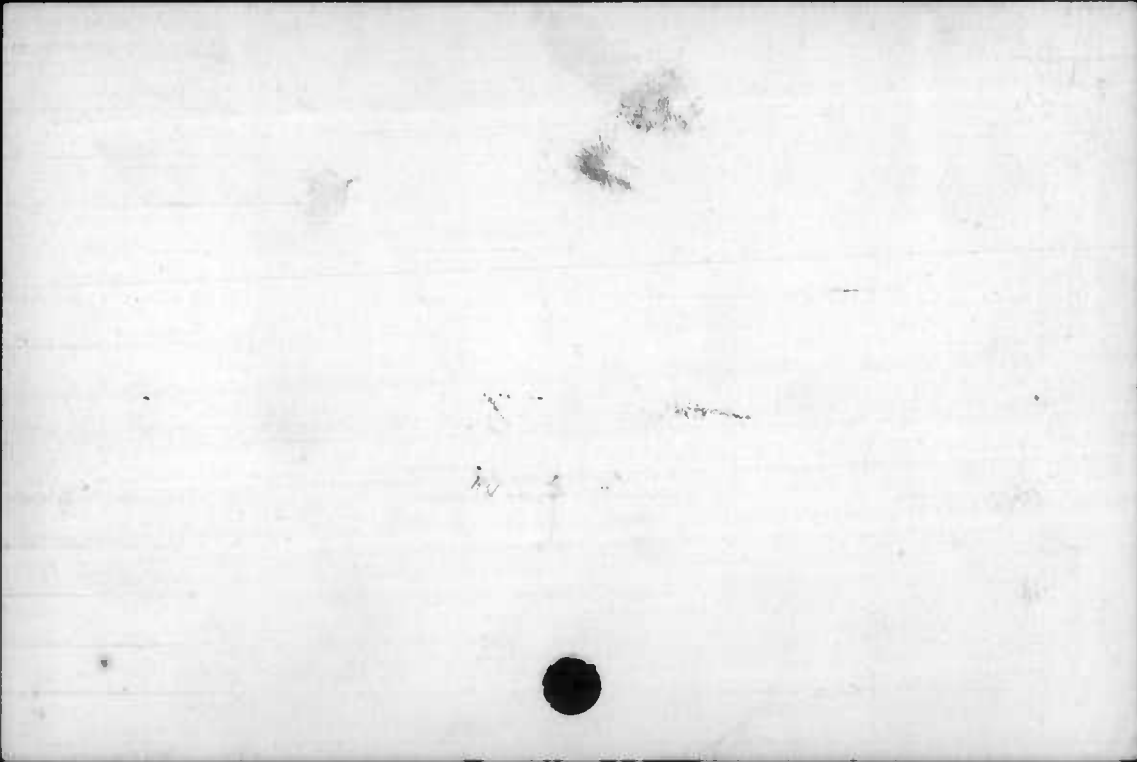
95

PHYSICIAN
OR CORONER

Primary	Orderma of Lungs	How long	6 weeks
Immediate	Asthenia and Uremia	How long	36 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. M. D. Quinn M.D.
		Address	Chesurville Md.
Accident or Suicide?			



Name in Full Charles Cecil Thompson		CERTIFICATE OF DEATH			
Died at Hancock ^{Town}		Washington ^{County}		MARYLAND	
Date of death 1909 May 17		Age 17		Months 11	Days 22
Sex Male		Color or Race White		Birth-place Hancock Md.	
Occupation _____		Where Residing if not at place of death Lived at home.			
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name C. H. Thompson		Father's Birthplace Penna.			
Mother's Maiden Name Sadie Miller		Mother's Birthplace Maryland			
Name of person giving information Charles E. Miller		How related to deceased Uncle			
Dr. Father		CAUSES OF DEATH		92	
Primary Pneumonia		Capillary Bronchitis		How long three days	
Immediate " "		" "		How long " "	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician H. V. Miller		Address Hancock, Md.	
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		5	12			7	8
Sex	Female	Color or Race	Colored	Birth-place	Md.		
Occupation	Child			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	William Thompson			Father's Birthplace	Va.		
Mother's Maiden Name	Elenora Darty			Mother's Birthplace	Md.		
Name of person giving Information	Elenora Thompson			How related to deceased	Mother		

CAUSES OF DEATH

Primary	Convulsions	How long	12 hrs
Immediate	Cardiac Failure	How long	12 hrs
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. M. D. [Signature]
		Address	Kingston
Accident or Suicide	—		

PHYSICIAN
OR CORONER

Dr Nagaman
Coffman
Halfway.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

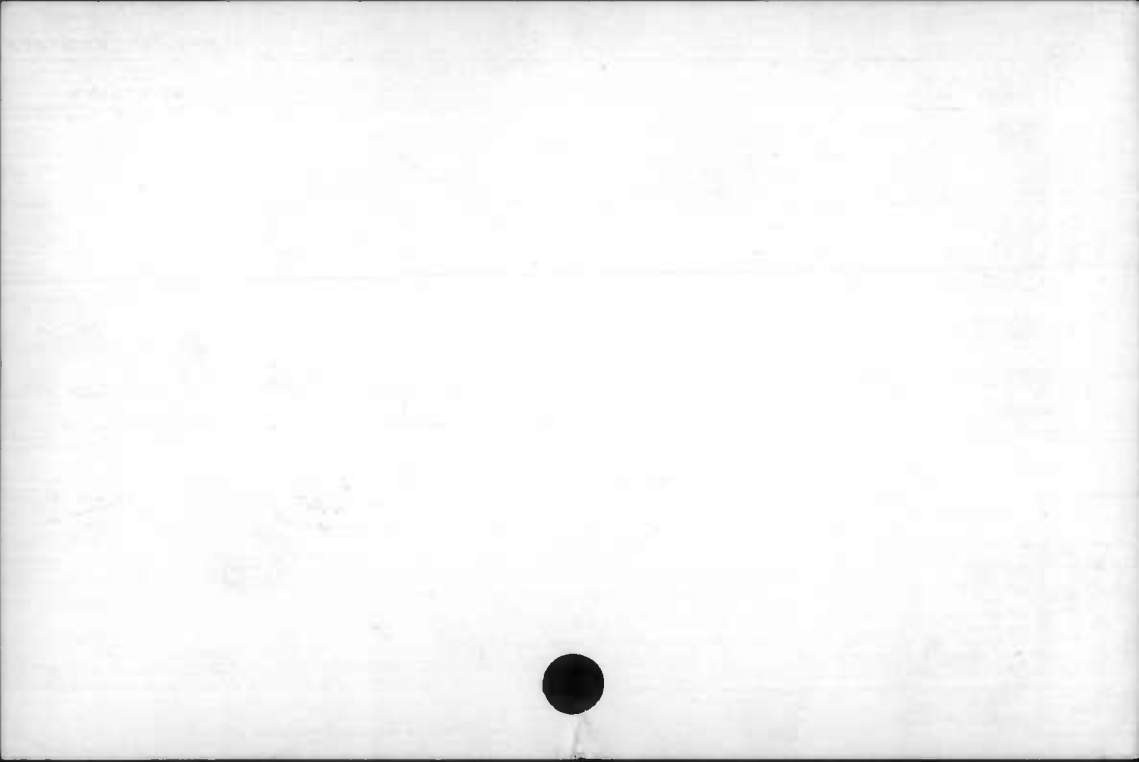
Johnathan Thelley Town *Hagerstown* County *Washington* MARYLAND
Died at
Date of death 1909 Month *5* Day *7* Age *65* Years Months *9* Days *12*
Sex *Male* Color or Race *White* Birth-place *MD*
Occupation *Farmers* Where Residing if not at place of death
Married, Single or Widowed *Widow* Name of Wife or Husband *Mary A. Thelley*
Father's Name *John Thelley* Father's Birthplace *MD*
Mother's Maiden Name *Margaret Sanders* Mother's Birthplace *MD*
Name of person giving Information *Anna M. Loefer* How related to deceased *Daughter*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Nephritis* How long *2 yrs*
Immediate *Exsanguina* How long *Quickly*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. W. Wertz*
Address *Hagerstown*
Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

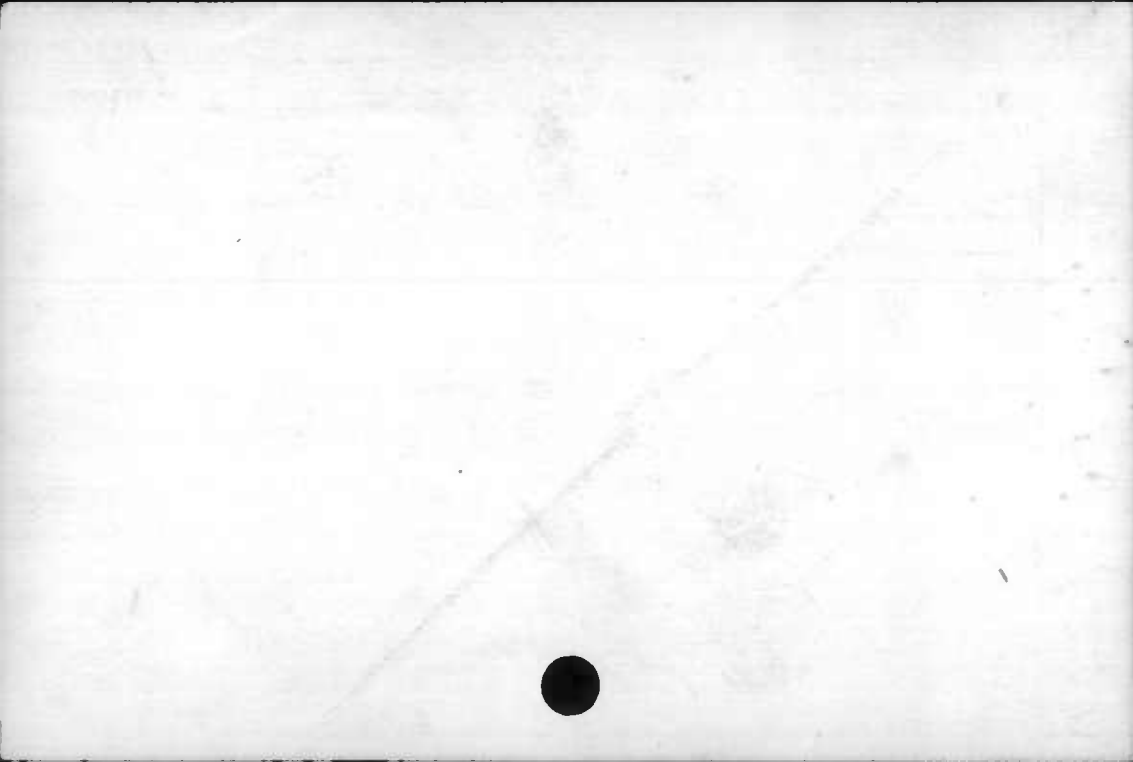
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>5</i>	Day <i>9</i>	Age <i>74</i>	Years <i>8</i> Months <i>16</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>MD</i>			
Occupation _____		Where Residing if not at place of death _____			
Married, Single or Widowed _____		Name of Wife or Huaband _____			
Father's Name <i>David E Whipp</i>		Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Maud Erius</i>		Mother's Birthplace <i>MD</i>			
Name of person giving Information <i>David Whipp</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

Primary <i>Abscess of Brain</i>	How long <i>Three Weeks</i>
Immediate <i>Shock</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. E. Pitmanogle</i>
	Address <i>Hagerstown MD</i>
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joshua S. Wise ~~*Sr.*~~ *Sr.*

Did at *Hagerstown* Town *Wash.* County **MARYLAND**

Date of death 190*9* Month *5* Day *3* Age *78* Years Months *1* Days *24*

Sex *male* Color or Race *white* Birth-place *Md.*

Occupation *Blacksmith* Where Residing if not at place of death *---*

Married, Single or Widowed *married* Name of Wife *Sarah E. Wise.* Husband

Father's Name *John Wise* Father's Birthplace *Md.*

Mother's Maiden Name *Elizabeth Cochran* Mother's Birthplace *Md.*

Name of person giving Information *Wm. H. R. Daringer* How related to deceased *daughter.*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary *Cerebral Hemorrhage* How long *4 days*

Immediate *Cardiac Paralysis* How long *---*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. L. Meisley*

Address *Hagerstown, Md.*

Accident or Suicide

Sutton

Name
in
Full

Elizabeth Kissinger

†

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roxbury</i> Town		County <i>Washington</i>		MARYLAND	
Date of death	1909	Month <i>May</i>	Day <i>19</i>	Age <i>48</i> Years	Months <i>10</i> Days <i>26</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Roxbury, Md.</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Solomon T. Kissinger</i>				
Father's Name <i>Jacob Esterday</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Unkman</i>	Mother's Birthplace <i>Unkman</i>				
Name of person giving Information <i>Charles E. Baker</i>	How related to deceased <i>Son-in-law</i>				

CAUSES OF DEATH

64

Primary <i>Apoplexy</i>	How long <i>Immediate</i>
Immediate <i>Heart Failure</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. S. Davis</i>
	Address <i>Boonshors</i>
Accident or Suicide	

PHYSICIAN
OR CORONER

Brumg. & Bass
Mudcat